

SC 972182 Hicks, Mahlon B. Pvt. Co. A. 74th PA. Inf.

Apr 29 1898. Chaplain
Hon: Wm B. Baker Rf

Ex'r. R. J. ...
I.O. No. 1053. 541.
Act of June 27, 1890.

Jan. 9/97.
Atty Cralle for
Carr & Co. to
reopen. Pff

Mahlen B. Hicke
P. O. ...
Baltimore Co. Md.
Service: 2nd Lt. Co. 178. Pa. Inf.
Co. 74. Pa. Inf.
Enlisted: Oct. 28, 1862.
Discharged: Aug. 27, 1865.
Application filed: ... 18, 1896.
Alleges: ...
Any other Claim filed: ...
Numerical No. ...

Jan 11/97.
Atty Cralle
for B. B. Balto.,
Md. Pff

May 26: Reg. b. & m. ...
Atty Cralle & Co. ...
Ohio. Feb 79 & Mar. Cir.
A & S Dir. address.
Atty & Cralle Wed. Ex. Wats.
minutes. Md. Rec. Dir. has
sent St. Brown filed w/ P.
Rec. Dir. ...
" " Jordan " " "
" " " " " "
" " " " " "
" " " " " "

Attorney: J. B. Cralle & Co.
P. O. ...
City ...
Recognized. Contract.
Cert. of Dis. Searched for ... 189.
Wm. B.

Feb 12/98 Atty Cralle & Co. to
file out of Jordan on J. P.
Apr. 20/98 Atty Cralle & Co.
Court of Lumbago & ...
Oct. 9-97 to Mar. 16, 1898,
Atty 2/98 Atty Cralle for agent.
July 1/98 Rec. Dir. R. Hooker ...

Robinson.
J. J. Robinson.
R. J. STRONG.

I.O. 1083541

10/5 of July 14, 1862, and March 3, 1873.
24/30

INVALID.

Aug 27/90.

Atty Lloyd ex 13 of
Hagerstown, Md

Mahlon B. Hicks

P.O. Boring.

Baltimore Co. Md.

Servicer 2 H. H. 178 "Pa Inf

Pa A 74 Pa Inf

Enlisted: Oct- , 1862

Discharged: Aug 27, 1865

Application Med: July 26, 1893.

Alleges:

REJECTED

Re-enlisted:

I.O. 1083541 - J

J. B. Crall & Co
Attorney: A. J. Lloyd
P.O. City, Baltimore
Md.

Recognized.

Contract.

Dis. Searched for

18

for full answer
P.W.

August 28 1896 Rejet to
Atty Lloyd act

Reports of examining Surgeon

Inspector of Atty. Lloyd

Ohio.

Sep 18/96 Attorney's Room

Sep 29/97.

Booppy - my - ch.
Weiss

Mary Weiss to
about . P.W.

Feb 7/98 Weiss for statement
J. J. R.

Apr 20/98 Atty Crall for
one more wit. to corroborate
Weiss. as to org. for
court from discharge for
gun shot wound left hand.

Oct 3/94. Atty Cruller,
24 B d Baltimore
Md; prior service &
Law Dir. J.P. Filed.
P.H.

Stagg
[3-16 a.]
No. 1083541
Act of June 27, 1890.
24/80

N. 2-15-92 186 Wm.
19 Feb. 92 - Ad. Med Exam at
Baltimore, Md.
atty as to service
a. c. " " "

Mar 21/95. Atty Cruller
co profits inc of
wound left hand;
P. M. J. Dowdson.
P.H.

Mahlon B. Hicks
P. J. Boring
Baltimore, Md.
Service: H. 178. Pr. Inf. ar.
as 1st Lt & 2nd Lt. ar.
Enlisted: 28 Oct. 1862
Discharged: 27 July 1863
Application filed: Jan 6, 1894
Alleges: REJECTED
PENDING
Any other Claim: REJECTED
Numerical No. 1992 726

atty as to dis. 8/25/92
Feb. 3-93. Call No 3
Oct 3/93 Letter refection
15 claimant.
Oct. 30-93 Lt. thro Hon.
J. Fred & Talbot enclosing
Circular as to how to proceed
to reopen claim.
Feb 21/94. Chat thro
Hm. J. F. C. Talbot
New York and dis. reg'd;
also for sub service.
Abs. car & trust &
To Record Dir.
P.H.

June 25/95.
Rij. to chat & atty
Cruller with canon
P.H.

Attorney: Claimant
P.O. J.B. Cruller & Co.
Recognized
Cert. of Dis. Search
Contract
18

May 8/94. atty
Cruller & Co. Balto
Md; chat & advising
Hm. J. F. C. Talbot.
P.H.

Aug 27/94 Rij to chat
& atty Cruller with
canon.
P.H.

J. Robinson.
[34-216 a.]
EXR.

I. Orig No. 1,083,541
Act of June 27, 1890.

Mahlon B. Hicks,
P. O. Boring,
Baltimore Co. Md.
Service: "H" - 178 Pa. Inf.
"A" - 74 Pa. Inf.
Enlisted: Oct., 1862.
Discharged: July 27, 1863.
Application filed: Oct 18, 1895.
Alleges: *RECEIVED*
Any other Claim filed: I.O. 1,083,541
Numerical No.

Feb. 27/96.
Atty Lloyd ex Bd
W. L. Linniston, Md.
Law Dr for W. L. Linniston

Ex p ord. Baltimore.
Md - May 31/96.
PA. 1" Bd -
August 28/96, Refit to
Chm. Atty Lloyd
OHIO. Recd 3/97. Order for
Ex. at. Baltimore Md
sent to Atty Linniston
G. L. Linniston

MICH.

Attorney: A. R. L. Lloyd,
P. O. Baltimore,
Md.

Recognized. Contract.
Cert. of Dis. Searched for, 189.

Atty filed

No.



Act of June 27, 1890.

AA

DECLARATION FOR INVALID PENSION.

AA

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

STATE OF Maryland }
COUNTY OF Baltimore } ss.

On this 5 day of January, A. D. one thousand eight hundred and ninety two, personally appeared before me, a Justice of the Peace, within and for the county and State aforesaid, Mahlon B. Hicks aged 53 years, a resident of the Baltimore county of Baltimore, State of Maryland, who, being duly sworn according to law, declares that he is the identical Mahlon B. Hicks who was ENROLLED on the 28th day of October, 1862, in Co. 26th Regt Pa [Here state rank, company and regiment] Inf'ty, as 1st Sergeant, afterwards as 2nd Lieut. in the service of the United States, in the War of the Rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at Harrisburg, on the 27th day of July 1863. That he is unable unable to earn a support by manual labor by reason of Shrinkage of the muscles in the left arm caused by a [Here name the disease or injuries from which disabled.] Gum Shot wound, while on Picket duty, near the White House landing box. That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief of a permanent character. That he has not applied for pension under application No. . That he is a pensioner under Certificate No. [If a pensioner, the Certificate number only need be given. If not, give the number of the former application if one was made.]

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the Act of June 27, 1890.

He hereby appoints of , State of , his true and lawful attorney to prosecute his claim and receive a fee of \$. That his POST-OFFICE ADDRESS is Boring county of Baltimore, State of Maryland.

Mahlon B. Hicks
[Claimant's signature.]

Attest: (1) Samuel H. Brown,
(2) Justice of the Peace

Two persons appeared William T. Algie, residing at Fordshburg,
 and Mary B. Brown, residing at Herdensburg, persons whom I
 certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present
 and saw Wahlon, B. Hicks, the claimant, sign his name (or make his mark) to
 the foregoing declaration; that they have every reason to believe from the appearance of said claimant
 and their acquaintance with him for _____ years and _____ years respectively,
 that he is the identical person he represents himself to be; and that they have no interest in the prosecution
 of this claim.

(1) Wm T. Algie
 (2) Mary Brown
[Signatures of witnesses.]

Sworn to and subscribed before me this 5 day of January, A. D. 1892,
 and I hereby certify that the contents of the above declaration, etc., were fully
 made known and explained to the applicant and witnesses before swearing,
 including the words 90 _____ 92 _____, erased,
 [L. S.] and the words may _____, added;
 and that I have no interest, direct or indirect, in the prosecution of this claim.



You will find my name on Samuel H. Brown
file in the Pension Office at Washington Justice of the Peace,
(If not character.)

AA (3-010 n.) AA

SOLDIER'S APPLICATION.

Name Wahlon B. Hicks

Service Co. 96 478 Regt Pa

Drift as 1st Sergeant 22 Dec 7

221. 26. 178 Pa 74

Address Boring
Batherson County and

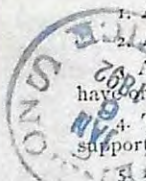
Attorney

Address

6-89

The Act of June 27, 1890, REQUIRES, in case of a soldier:

1. An honorable discharge (but the certificate need not be filed unless called for).
2. A minimum service of ninety days.
3. A mental or physical disability of a permanent character not due to vicious habits. (It need not have originated in the service.)
4. The rates under the act are graded from \$6 to \$12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.
5. A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than one pension for the same period.



FEB 23

601566

1 22

Write nothing above this line.

(3-060 a.)

MILITARY SERVICE.

NAME OF SOLDIER:

Mahlon B. Hicks

Mid. Div. Bureau of Pensions,
 J. M. C. Ex'r. 19 Feb. 1892
 No. 1083541

SIR:

It is alleged that the above-named man enlisted
 28 Oct., 1862, and served as a 2 Lt.
 in Co. H., 178 Reg't Pa. Inf.
 also as a _____ in Co. _____ Reg't
 _____, and was discharged at
 Harrisburg, Pa.
 on 27 July 1863.

No. of prior claim _____

The War Department will please furnish an official statement
 in this case, showing date of enrollment and date and mode of
 termination of service.

Very respectfully,

Greenbaum
 Commissioner.

THE OFFICER IN CHARGE OF THE
 RECORD AND PENSION DIVISION,
 WAR DEPARTMENT.

0-4

War Department,

Record and Pension Division,

FEB 23 1892

Respectfully returned to the

COMMISSIONER OF PENSIONS.

The rolls show that

Mahlon B. Hicks
 mentioned in the preceding indorsement, was enrolled Oct-
 22, 1862, and as 2 Lt. with
 Co. 28th July 27, 1863



BY AUTHORITY OF THE SECRETARY OF WAR:

Deaunsworth
 Major and Surgeon, U. S. Army.
 Per m

Attestation is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Name and rank of claimant.

Claimant's post-office address.

Original Army
Madison B. Hicks

Pension Claim No. *1083541*

Rank, *2 Lt*

Company *H. 178 Reg't Pa. Inf.* *Baltimore Md* State,

Boring Balto. Co. Md. [Post-office address of the Board.] *March 18* 189 *2*

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: *Shrinkage of muscle in left arm caused by gun shot wound while on picket duty at White House Landing Va.*

If pensioner, fill in the amount, if not, erase the whole line.

and that he receives a pension of *Original* dollars per month.

Here give the claimant's statement as briefly and as completely as possible.

He makes the following statement upon which he bases his claim for *Original*
Shrinkage of muscles from gun shot wound while on picket duty in 1863.

Upon examination we find the following objective conditions: Pulse rate, *78* respiration, *20*; temperature, *98*; height, *5* feet *10* inches; weight, *178* pounds; age, *35* years.

Here give a full description of the disability, in accordance with Book of Instructions.

Shrinkage of muscles of left arm (not arm but hand)
Superficial scar on lower third of meta-Carpal bone
index finger - scar 1/2 inch in length - loss of
tissue over bone 1/8 inch - enlargement of proximal
joint index finger - prehensile power impaired
25 per cent compared with the other hand
Four-eighths

No other disability alleged no other found

Rate for EMCH cause of disability.

He is, in our opinion, entitled to a *4/18* rating for the disability caused by *Shrinkage of muscles of left hand* for that caused by *and* for that caused by

Left Jones, Pres. *C. H. Thomas*, Sec'y. *G. Lane Thompson*, Treas.



SURGEON'S CERTIFICATE

IN CASE OF

Maxlow M. Hicks
Co. *H. 178* Regt. *Pa. Inf*

Applicant for *Original*

No. *1083541*

DATE OF EXAMINATION:

March 15, 189*2*

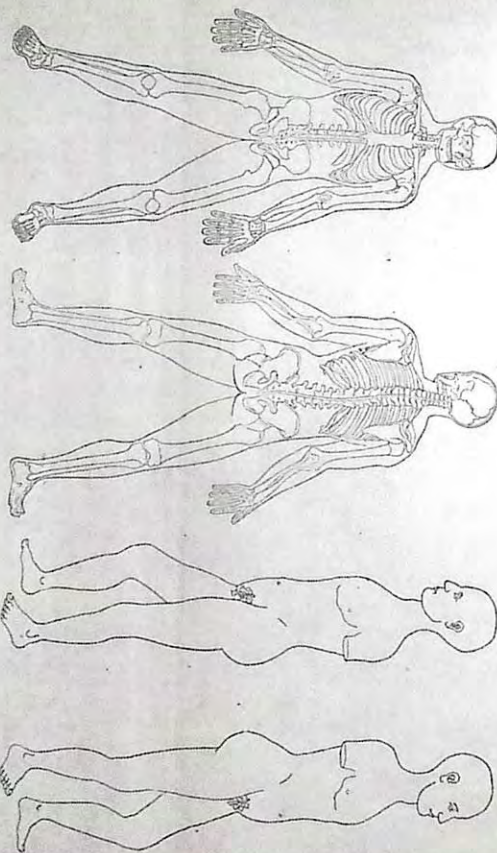
<i>W. J. Jones</i> , Pres.,	} <i>2 out</i> BOARD.
<i>W. H. Thomas</i> , Sec'y,	
<i>G. Lane</i> , Treas.,	

Post office, *Baltimore*

County, _____
State, *Maryland*

P. S.—Write your Post-office address plainly and in full.

Klein



Single surgeons will use the blank, changing "we" to read "I," and "our" to read "my." They will use the word "we" in the plural, "they" in the singular, and "their" in the plural, and also on the back of the same.

Prepared FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all physical and rational signs, and a statement of all the structural changes. [Ex- from Sec. 1, Act of Congress approved July 25, 1862.]

(3-464.) *mcc*
mid DIVISION.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, June 24, 1892

Respectfully returned to
the Record and Pension
Div. War Department.

Claimant alleges a
subsequent service in
A, 74 Pa. Inf., dates
not given

1083 541
Mahlon B. Hicks
H 178 Pa Inf.

Green B. Brown
Commissioner.

Address: "Chief of the Record and Pension Office
War Department, Washington, D. C."

Record and Pension Office,

WAR DEPARTMENT.

Washington,

JUN 28 1892

, 189

Respectfully returned to the

Commissioner of Pensions.

The rolls show that

Mahlon B. Hicks
mentioned in the preceding endorsement, was
enrolled March 9, 1865.
and M. O. Aug. 29, 1865.
as Pvt.



By AUTHORITY OF THE SECRETARY OF WAR:

H. C. Smith
Colonel, U. S. Army, Chief of Office.

Per *R*
(414)

To The Commissioner of Pensions
Washington D. C.

Dear Sir

Case No. 1 In compliance with the act of June 27, 1890 I have the honor to state that the nature and location of my wound is on the left hand, The ball injuring the muscle by fracturing the bone about one inch from the knuckle of the first finger. the muscles have been growing weaker gradually since the time I received the wound. I have been unable to perform Manual labor since Oct, 1891 and is of a permanent character.

Case No. 2. On the 3^d day of July 1863, while doing Picket duty near the White House Landing in the State of Virginia I received a wound on the left hand from the rifle of some concealed enemy.

Case No. 3 I reenlisted in March 1865 in Company A, 74th Pa Regt. Inf. and served during the war.

Very Respectfully your obedient servant
Mahlon B. Hicks

Date 2^d Decr Co 26, 178th Pa Regt Inf

Sworn before me this 4th day of July in the year 1892.

FILED TO COVER DATE
E. Samuel H. Brown,
Justice of the Peace,

Claim No. 1083541

Mahlon B. Hicks

Late 2nd Lieut

Co: H 178th Pa Regt Inf

Claim of Mahlon B Hicks

No. 1083641

Date 2nd Lieut Co 26th 178th Regt Pa Inf
Call No. 4.

I was not treated in a hospital, I received
treatment while in the field. by regimental
Surgeons.

Call No. 5

Boring, Baltimore County, Maryland

Boring Feb 8th / 1893.

The Commissioners of Pensions
Dear Sir,

I have the honor to refer you to Call No 3 dated
Washington D.C. June 25th / 1892, which cites as
to whether or not I served in the military or naval
service, since July 27th / 1863. The Call was promptly &
properly replied to and returned to the depart-
ment.

At an date prior to Feb 3rd / 1893, was I required to
furnish a reply to Call No 3 as to whether or not I
served in any Military Organization since Aug.
29th / 1865

Hoping however that the oversight will not delay
the granting of a pension at the earliest possible
convenience.

I am Sir your obedient servant

Wahlon B. Bick
Late 2. Dist. Co. 16. 178 Regt Pa Inf

Claim 1083541

Claim, 1083541

Reply to Call No 8.

Mahlon B. Hicks

Sate 2nd Lieut Co. "H" 178th Regt Ia Inf

Call No. 1. The muscles have been growing weaker gradually since I received the gunshot wound. The nature is, a constant burning pain through the nerve of the entire arm, together with a shrinkage of the muscle which disabled me from performing manual labor. The ball located about one inch from the knuckle of the front finger on the left hand injuring the muscle of that member.

Call 2. On the third day of July 1863. near the White House Landing in the State of Virginia. The circumstances was while doing picket duty on the front line, and while returning my sword to scabbard I received the wound from some unknown enemy concealed in ambush.

Call 3. No sir I have not served in any military organization since Aug. 29th 1863.

Brought before me a Justice of the Peace
this 8th day of February 1873.

FILED TO CORRECTION
B.

Samuel J. Brown,
Justice of the Peace,

No 109



Reply to Call No 3

Claim 1083541

Mahlon B Hicks

Sale 2^d Dist Co. H 178 Regt

Pa Inf.

Reply to Call No 3
Claim 1083541

Mahlon B. Hicks
Lat 2^d Lieut Co 96. 178 Regt
Pa Infy -



Claim 1093541

Mahlon B Hicks

Late 2^d Lieut Co "H."

178th Regt Pa Inf



Boring March 11th 1893.
The Commissioner of Pensions
Washington D. C.

Dear Sir.

I have the honor to state that I am desirous of recognition in the Department of the Interior Bureau of Pensions as a claimant for a Pension under provisions of an act approved June 27th 1890.

Was it not for the disabled hand and arm due to a gun shot wound received while in the line of duty during the war of 1861, I would not ^{ask} recognition in the Department for a Pension, but under the circumstance I am under the necessity of appealing to you for immediate attention.

I am Sir. Your obedient servant
Mahlin B Hicks

Date 3rd Lieut Co. 26 178th Pa Regt

WMO
Claim No 1083341

Address.

Boring
Baltimore County
Maryland

POWER OF ATTORNEY.

Know all Men by these Presents, That I,

Mahlon B. Hicks

Here state your Name.

2nd Lt State your Rank. *H* Letter of your Co. *178th* of the Reg't of *Pa. Inf.* Here name State to which

Pa. your Reg't was accredited, and whether Infantry, Cavalry or Artillery. *Boring, Baltimore Co.* Here state Postoffice address.

in the State of *Md.* have made, constituted, and appointed, Name the State.

and by these presents do constitute and appoint **J. B. CRALLE & CO.**, of Washington, D. C., my true and lawful attorneys, irrevocable for me, and in my name, place, and stead, hereby annulling and revoking all former Powers of Attorney or authorizations whatever in the premises to prosecute to a final settlement my claim for *Original Invalid Pension*

No. *1,083,541* now on file in the United States Pension Office. Here state No. of your claim, if you know it.

Washington, D. C. That my reasons for wishing to employ another attorney are as follows:

I never employed an attorney in my case
If you have never employed an attorney in your case, state that fact on above lines. If you have ever employed an attorney, state your reasons for wishing to employ another attorney, as for instance: "Former attorney dead;" "or, have not heard from my former attorney for over a year;" "or, my attorney has abandoned my claim," or, as the case may be. Please state reasons as fully as you can.

and to, from time to time, furnish any further evidence necessary or that may be demanded, giving and granting to my said attorneys full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully to all intents and purposes as I might or could do, if personally present at the doing thereof, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorneys or their substitutes may or shall lawfully do or cause to be done by virtue hereof.

In witness whereof I hereunto set my hand and seal this *19th* day of *Oct*, eighteen hundred and ninety *thrs. &*

Mahlon B. Hicks [L. S.]
(Claimant sign on above line.)

In presence of—

Geo. H. Wilson M.D.
Joshua M. Gill
Signature of Claimant must be attested by two witnesses.

State of Maryland....., County of Baltimore....., ss:

BE IT KNOWN, That on this.....19th.....day of...October.....
in the year eighteen hundred and ninety-~~three~~., before me the undersigned, at.....
Hordensburg.....in and for said County and State, personally appeared
Mahm B. Hishes....., to me well known to be the identical
person who executed the foregoing Letter of Attorney, and the same having been first fully read
over to him, and the contents thereof duly explained, acknowledged the same to be his act
and deed, and that I have no interest, present or prospective, in the claim.

IN TESTIMONY WHEREOF I have hereunto set my hand and affixed my seal of office the day and year last above written.

Certificate on file

Samuel H Brown
Justice of the Peace

POWER OF ATTORNEY.

Vol. 083341

State Number of Claim.

CLAIM OF

Mahlon B. Stickels

Here state your Name,

Date 2. Wheat Co. N. 178. P. 187

W:CDIR

Signature of the Grantee
Here state Character of Claim.

Here stated Character of Claim.

Δ Rheumatism.

FILED BY

J. B. Cralle & Co.,
U. S. Claim Attorneys

CRAIG BUILDING,

108 C St., N. W., WASHINGTON, D. C.

Act of June 27, 1890.

NEIGHBOR'S AFFIDAVIT.

State of Maryland, County of Baltimore ss:

In the matter of the application for pension of Mahlon B. Hicks
Ca. H. 175th Regt. P. Infy. Vol.

On this 19th day of October, A. D., 1893, personally appeared before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths, Joshua H. Gell, aged 43 years, a resident of Boring in the County of Baltimore and State of Maryland, whose Postoffice address is Boring and well known to me to be

reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

That I have been well and personally acquainted with Mahlon B. Hicks for 5 years, and that I am a Blacksmith and that I the Claimant, a daily laborer. I reside about one and half mile from him. I see him daily. have never employed: nor worked for him nor with him. He is disabled in his left hand by a bullet wound, which has caused a shrinkage of the muscles making the hand partly useless. I have seen him work and he would have to rest the fork handle &c. in his elbow. I have heard him complain of pains in his back and suffering with Rheumatism. I can see him disabled about 3/4 times from the date of application January 1892 up to the present time. I also state that his disabilities are now was not incurred by his vicious habits. I hereby certify that the above statement was not written by the Affiant, but was prepared by his Oral declarations which was reduced to writing by the undersigned a Justice of the Peace

Samuel H. Brown
Justice of the Peace

Important!

1st. State your occupations and that of the claimant; how near you reside to him, and how often you see him, and whether or not you have ever employed him, worked with him, or for him.

2d. State all physical or mental disabilities of a permanent character from which the claimant has suffered from the date of his application for pension to the present time; describe the symptoms of all his disabilities and just how he has been affected thereby, and how you know him to be suffering from them, and to what extent you consider he has been disabled for performing manual labor (hard work) from the date of filing his application

up to the present time, by reason of said disabilities, whether 1/2, 3/4, or entirely, as the case may be.

It is necessary to state the degree claimant has been disabled during all of the time from date of filing application to the time of making this affidavit. Don't fail to cover all of the time or else the affidavit will be useless.

3d. Also state, without fail, that the claimant's disabilities are not due to vicious habits, if, as a matter of fact, they are not.

J. B. CRALLIE & CO.,
U. S. PENSION ATTORNEYS,
CRALLIE BUILDING,
108 C St., N. W., WASHINGTON, D. C.

PHYSICIAN'S AFFIDAVIT.
PROOF OF PHYSICAL OR MENTAL DISABILITY.
Act of June 27, 1890.

IMPORTANT.—The affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions must be carefully observed before writing out the statement.

State of Maryland County of Baltimore

In the matter of the application for pension of Mahlon B. Hicks
Capt. 17th Reg. Pa. Inf. 1862.

On this 12th day of October A. D., 1893, personally appeared before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths, Dr. Jas. H. Wilken aged 47 years, a resident of Shuttleburg in the County of Baltimore and State of Maryland, whose Postoffice address is Shuttleburg, and well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

Instructions!
 Read
 Carefully.

The physician making a statement on this blank should state fully and explicitly all the disabilities of a permanent character, either mental or physical, from which the claimant has suffered from date of filing his application

up to the present time, and to what extent, in his opinion, the claimant has been disabled by reason of said disabilities for the performance of manual labor (hard work), whether 1, 1/2, 3, 4, or entirely, as the case may be.

He should also particularly state that the disabilities are not due to vicious habits, if, as a matter of fact, they are not.

Has known the claimant for some years.
Has attended him for Rheumatism, & Lumbago
to which he is subject.
After an examination find him as follows
The muscles between the metacarpal bones of
the thumb and fore finger of the left hand is
atrophied from a wound, said to be from a
ball. He is unable to grasp anything with much
force, with the thumb and fore finger, or second
of the thumb. He suffers with pain in the
fore arm, also impairment of the same
which is from duress of nerve, which I judge
was caused by the ball. From my examination
of the hand and from my personal knowledge
of the claimant, I do not think under the
condition of his hand that he can make
a 1/2 hand. Being a laborer and having
no trade I think there is some work that
he cannot do at all, consequently I think
he is disabled at least 1/2. Whenever he has
an attack of Lumbago, it disables him for
some time. I prepared this statement myself

[Handwritten signature]

PHYSICIAN'S PROOF OF PHYSICAL C Act of Ju

IMPORTANT.—The affidavit should, if
marginal instructions must be careful

State of Maryland

In the matter of the application for pension of
Capt. H. 17th Regt. Pa. In.

On this 12th day of June
before me, a Justice of the
duly authorized to administer oaths, MD
aged 47 years, a resident of St. L.
Baltimore and State
address is Franklin

credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

Has known the claimant for some years
Has attended him for Rheumatism, & Lumbago
to which he is subject.
After an examination find him as follows
The muscles between the metacarpal bones of
the thumb and forefinger of the left hand is
atrophied from a wound, said to be from a
ball. He is unable to grasp anything with much
force, with the thumb and forefinger, the second
of the wound. He suffers with pain in the
fore arm, also in the wrist, & the same
which is from chronic rheumatism, which I judge
was caused by the ball. From my examination
of the hand and from my personal knowledge
of the claimant, I do not think under the
condition of his hand that he ~~can~~ can make
a 1/2 hand, Being a laborer and having
no trade I think there is some work that
he cannot do at all, consequently I think
he is disabled at least 1/2. Whenever he has
an attack of Lumbago, it disables him for
some time. I prepared this statement myself

Instructions!
Read
Carefully.

The physician
making a state-
ment on this
blank should state
fully and explicitly
all the disabili-
ties of a perma-
nent character,
either mental or
physical, from
which the claim-
ant has suffered
from date of filing
his application

up to the
present time, and
to what extent, in
his opinion, the
claimant has
been dis-
abled by reason
of said disabilities
for the perform-
ance of manual
labor (hard work),
whether 1/2, 1/3, 1/4,
or entirely, as the
case may be.

He should also
particularly state
that the disabili-
ties are not due
to vicious habits,
if, as a matter of
fact, they are not.

Order No. 229.
June 19, 1893.

In accordance with an order issued by the
Commissioner of Pensions, all evidence here-
after filed in pension claims must contain a
statement from the witness showing that in
making his affidavit he was not aided or
prompted by any written or printed state-
ment or recital, prepared or dictated by any
other person, and not attached as an exhibit
to his testimony. If the affidavit is in the
handwriting of the witness, it should be so
stated, and if is not in his handwriting, then
it must also contain a statement showing that
it was prepared in his presence, and only from
his oral declarations then made, and must
show the name of the person to whom such
oral declarations were made, and who reduced
them to writing, and the time when, and place
where they were made.
Affidavits that do not conform with this
order will not be accepted as evidence by
the Pension Bureau.

He further declares that he has practiced medicine.....25.....years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

.....Geo. H. Wilson M.D......
(Affiant's Signature.)

Sworn to and subscribed before me this.....19th.....day of.....October....., A. D. 1893, and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, etc., were fully made known to him before swearing, including the words.....
.....erased, and the words.....added, and that I have no interest, either direct or indirect, in the prosecution of this claim.

[L. S.]

FILED TO COVER DATE

.....Samuel H. Brown.....
(Official Signature.)
.....Justice of the Peace.....
(Official Character.)

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes.



ACT OF JUNE 27, 1890.

PHYSICIAN'S AFFIDAVIT.

CLAIM OF

Malcolm B. Hicks

Late 2d Lieut. in Co. H 128th Reg't.
of Pa. Inf. Yols.

FOR

ORIGINAL INVALID PENSION.

No. 1.083.541

FILED BY

J. B. Cralle & Co.,
U. S. Claim Attorneys

CRALLE BUILDING,

108 C ST., N. W., WASHINGTON, D. C.

Act of June 27, 1890.)

NEIGHBOR'S AFFIDAVIT.

State of Maryland, County of Baltimore ss:

In the matter of the application for pension of

William B. Hicks

born 7th Dec. 1854, near Pa. Luff, Pa.

On this 23rd day of October, A. D., 1893, personally appeared

before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer

oaths, Benjamin C. Knicker, aged 28 years, a resident of Fairview

in the County of Baltimore and State of Maryland, whose

Postoffice address is Coring, Md. and well known to me to be

reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

That I have been well and personally acquainted with William B. Hicks

for 5 years, and that I am a farmer by occupation

and that of the claimant is a day laborer. I reside

about one mile from him and see him quite

frequently from once to three times a week. I

have employed him and worked with him. I

find that his disabilities are of permanent char-

acter from which he has been suffering for more

than two years and is now and always will be

a cripple. His left hand and arm appears to be

becoming smaller or shrinking and when he

needs to work he loses his grip in the hand

there is no dependence on his muscles to do work of

any kind. He is also a sufferer from Rheumatism in

the region of the spine when he exerts himself

he becomes stiff with a lameness in his back

which disables him from performing work of any

kind for several days. I know these facts by reason

of having employed him to work for me and he was

unable to perform any kind of work and I also know

him to be a sufferer from these disabilities by reason

of being quarantined in my neighborhood and consider

him disabled to perform manual labor to the extent of

3/4 degree from the date of filing his application

up to the present time and that his disabilities are

not due to vicious habits.

I further testify that in making out the affi-

davit I was not aided or prompted by any written

or printed statement or recital prepared or dictated

by any other person and this testimony is in my

own handwriting.

Important!

1st. State your occupations and that of the claimant; how near you reside to him, and how often you see him, and whether or not you have ever employed him, worked with him, or for him.

2d. State all physical or mental disabilities of a permanent character from which the claimant has suffered from the date of his application for pension to the present time; describe the symptoms of all his disabilities and just how he has been affected thereby, and how you know him to be suffering from them, and to what extent you consider he has been disabled for performing manual labor (hard work) from the date of filing his application

up to the present time, by reason of said disabilities, whether 1/4, 1/2, 3/4, or entirely, as the case may be.

It is necessary to state the degree claimant has been disabled during all of the time from date of filing application to the time of making this affidavit. Don't fail to cover all of the time or else the affidavit will be useless.

3d. Also state, without fail, that the claimant's disabilities are not due to vicious habits, if, as a matter of fact, they are not.

Order No. 229.

June 19, 1893.

of June 27, 1890.

DR'S AFFIDAVIT.

In accordance with an order issued by the Commissioner of Pensions, all evidence hereafter filed in pension claims must contain a statement from the witness showing that in making his affidavit he was not aided or prompted by any written or printed statement or recital, prepared or dictated by any other person, and not attached as an exhibit to his testimony. If the affidavit is in the handwriting of the witness, it should be so stated, and if is not in his handwriting, then it must also contain a statement showing that it was prepared in his presence, and only from his oral declarations then made, and must show the name of the person to whom such oral declarations were made, and who reduced them to writing, and the time when, and place where they were made.

Affidavits that do not conform with this order will not be accepted as evidence by the Pension Bureau.

him, and whether or not you have ever employed him, worked with him, or for him.

2d. State all physical or mental disabilities of a permanent character from which the claimant has suffered from the date of his application for pension to the present time; describe the symptoms of all his disabilities and just how he has been affected thereby, and how you know him to be suffering from them, and to what extent you consider he has been disabled for performing manual labor (hard work) from the date of filing his application

up to the present time, by reason of said disabilities, whether 1, 2, 3, 4, or entirely, as the case may be.

It is necessary to state the degree claimant has been disabled during all of the time from date of filing application to the time of making this affidavit. Don't fail to cover all of the time or else the affidavit will be useless.

3d. Also state, without fail, that the claimant's disabilities are not due to vicious habits, if, as a matter of fact, they are not.

County of Baltimore ss:

pension of Mathew B. Hicks

Pr. Supt. Vols.

October, A. D., 1893, personally appeared

me in and for the aforesaid County, duly authorized to administer

el., aged 43 years, a resident of Boring

va. and State of Maryland, whose

2 and well known to me to be

to, being duly sworn, declared in relation to aforesaid case as follows:

personally acquainted with Mathew B. Hicks,

born a Blacksmith and that

daily laborer. I rarely, about

in 1891 see him daily. have ever

and did not work for him ever with him. He

is disabled in his left hand by a bullet wound,

which has caused a shrinkage of the muscles,

making the hand partly useless. I have seen him

work and he would have to rest the fork handle &c.

on his elbow. I have heard him complain of pains

in his back and suffering with Rheumatism. I can

see him disabled about 3/4 times from the date of

application January 1892 up to the present time.

I also state that his disabilities are not

incurred by his vicious habits.

I hereby certify that the above statement was not

written by the Affiant, but was prepared by his

oral declarations which was reduced to writing

by the undersigned a Justice of the Peace.

Samuel H. Brown

Justice of the Peace.

I further declare that I have no interest in said case and am
not concerned in its prosecution.

If affiant signs by mark, two persons who can write sign here.

B. B. Pennington
Signature of Affiant.

NOTE.—The witness, if not himself equal to the task of drawing the affidavits, should go to some Notary Public, Justice of the Peace, or other officer or competent person and have the blank filled out and properly executed.

State of Maryland, County of Baltimore, ss:

Sworn to and subscribed before me this 25th day of October, A. D. 1893,
by the above-named affiant, and I certify that I read said affidavit to said affiant, including all the words

erased,
and all the words in added, and acquainted him

with its contents before he executed the same. I further certify that I am in nowise interested
in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me,
and that he is a credible person.

Samuel H. Brown
Official Signature.

Justice of the Peace
Official Character.

[L. S.]

Certificate on file.

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes.



ACT OF JUNE 27, 1890.

NEIGHBOR'S AFFIDAVIT

CLAIM OF

Marion B. Duke

Late Sergeant in Co. 26th, Reg't

of 4th Inf. Vols.

FOR

ORIGINAL INVALID PENSION.

No. 1098541

FILED BY

J. B. CRALLE & CO.,

U. S. PENSION ATTORNEYS,

CRALLE BUILDING,

108 C St., N. W., WASHINGTON, D. C.

State of Maryland County of Baltimore ss.



On this 13th day of Nov. A. D. One thousand Eight hundred and ninety three personally appeared before me a Justice of the peace within and for the County and State aforesaid, Mahlon B. Hicks aged 57 years a resident of Boring, County of Baltimore State of Maryland, who being duly sworn according to law, declares that he is the identical Mahlon B. Hicks who applies for pension under application No 1083541 On the 6th day of May, 1892, under provisions of the act of June 27th 1890. Said Mahlon B. Hicks further declares that he was a 2^d Lieut Co. "B." 175th Regt 12th Inf'ty in the Service of the United States in the war of the rebellion, and on the 3^d day of July 1868, received a gun shot wound in the left hand while doing Picket duty near the White House Landing in the State of Va. which has resulted in a contraction of the nerve, loss of grip in the left hand, and shrinkage of the muscles. The said disability has incapacitated the said Claimant for performing manual labor since Oct 1891 three months prior to Jan. 6th 1892, the day of making application. The said Claimant further declares that he is a daily laborer by occupation and the said disability disable^s him for performing some labor entirely, and is laboring under difficulties and painful circumstances with the labor he is obliged to perform for the purpose of earning a support. The Claimant further declares that he is not able to earn a support by manual labor, and that he was not aided or prompted in any way in framing this declaration and am written in his own handwriting

Mahlon B. Hicks
(Not executed.)

Sworn before me a
Justice of the Peace.
this 13th day of November
1893

Samuel H. Brown
Justice of the Peace.
Certificate on file.

FILED TO COVER DATE
S.

Claim No 1083541

Wahlon B Hicks
Late 2nd Lieut Co. H. 1st Regt
Pa Inf



State of Maryland County of Baltimore ss.

On this 13th day of Nov. A.D. One thousand Eight Hundred and Ninety Three personally appeared before me a Justice of the Peace within and for the County and State aforesaid, Mahlon B. Hicks Aged 57 years a resident of Boring County of Baltimore State of Maryland who being duly sworn according to law declares that he is the identical Mahlon B. Hicks who applied for pension under application No. 1083341. On the 6th day of Jan. 1892.

And that he is now desirous of making declarations setting forth additional disabilities as follows. That he has been afflicted with Rheumatism for several years, and in Nov. 1890 he was attacked with Sciatica which has left a weakness in the spine. The results are of a painful and permanent character. The least exertion results in a helpless condition for several days, and leaves the claimant in an incapacitated ^{Condition} for performing manual labor of any kind. And further he also declares that this disability has been permanent since Jan. 6th 1892. And that he was not aided or prompted in framing these declarations and am in his own hand writing

Mahlon B. Hicks

Sworn before me a Justice of the Peace this 13th day of November 1893

Certificate on file,

Samuel H. Brown
Justice of the Peace

TO COVER DATE

(Not a declar.)

Claim No. 1083541

Mahlon B. Hicko

Late 2nd Lieut Co. H 178 Regt

Pa Inf

PHYSICIAN'S AFFIDAVIT.
PROOF OF PHYSICAL OR MENTAL DISABILITY.
Act of June 27, 1890.

IMPORTANT.—The affidavit should, if possible, be in the handwriting of the affiant: the marginal instructions must be carefully observed before writing out the statement.

State of Maryland County of Baltimore
 In the matter of the application for pension of Mahlon B. Hicks
Co. H. 125th Regt Pa Infy Pals.
 On this 10th day of November A. D., 1893, personally appeared
 before me, a Justice of the Peace in and for the aforesaid County,
 duly authorized to administer oaths, Dr. J. B. Drach
 aged 56 years, a resident of Butler, in the County of
Baltimore and State of Maryland, whose Postoffice
 address is Butler Md, and well known to me to be reputable and entitled to
 credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

Instructions!
 Read
 Carefully.

The physician making a statement on this blank should state fully and explicitly all the disabilities of a permanent character, either mental or physical, from which the claimant has suffered from date of filing his application

up to the present time, and to what extent, in his opinion, the claimant has been disabled by reason of said disabilities for the performance of manual labor (hard work), whether in, or entirely, as the case may be.

He should also particularly state that the disabilities are not due to vicious habits, if, as a matter of fact, they are not.

That Capt Mahlon B. Hicks - is suffering from atrophy of the muscles of first and middle fingers and thumb of left hand due to an injury (said to have been caused by spent ball) of middle of meta-Carpal bone of first finger (on deep surface) which from appearances indicates a shattering of said bone and injury to nerve or nerves supplying first & middle fingers and thumb, causing the atrophy present, to such a degree, that - I am of the opinion that - what strength he has in said fingers and thumb, would be exhausted in a very short time from manual labor, and I would consider him disabled to perform manual labor to one-half degree - I have had no previous acquaintance with the applicant - and give my opinion only from evidence presented by examination - made this Tenth day of November eighteen hundred and ninety Three (10th Nov. 1893)

John B. Drach M.D.
Butler P.O.

Baltimore Co.
Maryland

credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

That Capt Mahlow B. Hicks - is suffering from atrophy of the muscles of first and middle fingers and thumb of left hand due to an injury (said to have been caused by spent ball) of middle of Metacarpal bone of first finger (on superior surface) which from appearances indicates a shattering of said bone and injury to nerves or nerves supplying first & middle fingers and thumb, causing the atrophy present, to such a degree, that - I am of the opinion that - what strength he has in said fingers and thumb, would be exhausted in a very short time from manual labor; and I would consider him disabled to perform manual labor to one-half degree - I have had no previous acquaintance with the applicant - and give my opinion only, from evidences presented by examination - made this tenth day of November eighteen hundred and ninety three (10th Nov. 1893)

John H. Drach M.D.
Butler P.O.
Baltimore Co.
Maryland

Instructions!
Read
Carefully.

The physician making a statement on this blank should state *fully and explicitly* all the disabilities of a permanent character, either mental or physical, from which the claimant has suffered from date of filing his application.

up to the present time, and to what extent, in his opinion, the claimant has been disabled by reason of said disabilities for the performance of manual labor (hard work), whether $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or entirely, as the case may be.

He should also particularly state that the disabilities are not due to vicious habits, if, as a matter of fact, they are not.

.....
.....
.....
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.....
.....
.....
.....
.....
.....

He further declares that he has practiced medicine thirteen years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

John B. Drach M.D.
Affiant's Signature.

Sworn to and subscribed before me this 11th day of November, A. D. 1893, and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, etc., were fully made known to him before swearing, including the words.....
.....erased, and the words.....added, and that I have no interest, either direct or indirect, in the prosecution of this claim.

Alfred W. Emerson
(Official Signature.)
Justice of the Peace
(Official Character.)

[L. S.]

FILED TO COME DATE

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes.

ACT OF JUNE 27, 1890.
PHYSICIAN'S AFFIDAVIT.

CLAIM OF
Mallon B. Hicks
Late 2nd in Co. 2d 1888 Reg't.
of Pa. Inf. Vol.

FOR
ORIGINAL INVALID PENSION.
No. 1093621



FILED BY
J. B. Cralle & Co.,
U. S. Claim Attorneys
CRALLE BUILDING,
108 C St., N. W., WASHINGTON, D. C.

ACT OF JUNE 27, 1890.

INVALID PENSION. No. 1083.54

Claimant, Mahlon B. Hicks
 P. O., Boring Rank, Private
 County, Baltimore Company, A
 State, Ind Regiment, 74th Pa. Vol. Inf.
 Rate, \$....., per month, commencing January 6, 1892

Disabled by

REJECTED

RECOGNIZED ATTORNEY.

Name, Claimant Fee, \$..... Agent to pay.
 P. O., Articles filed,, 189.....

APPROVALS.

Submitted for Rejection June 26, 1892 H. B. Bruce, Examiner.

Approved for
 Approved for Rejection, No disability
notable under Act
of June 27, 1890.
W. C. Brown

Med. Exam. & Reexamined
July 5, 1893 Legal Reviewer. July 13, 1893 Medical Referee.
Not now pensioned under other laws. Last paid to, 18....., at \$.....

Pensioned from, 18....., at \$....., for

SERVICE SHOWN BY RECORD.

Enlisted Oct. 22, 1862 & honorably discharged July 27, 1863
 Re-enlisted March 9, 1865 & honorably discharged Aug. 29, 1865
 Declaration filed Jan 6, 1892, alleges permanent disability, not due to vicious habits,
 from gun shot wound of left hand and result.

No M. L. White.

Rec Dir Feb 23 54

(A-100-1000)
MIL DIVISION.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. Feb 21, 1894

Respectfully returned to the officer in charge of the Record and Pension Office, War Department, requesting a full military and medical history

Please examine all records likely to afford any information as to diseases, wounds, or injuries incurred by him while in the service.

Claim No. 1083541
Name Mahlon B. Hixie
Co. A 7th Regt. Pa. Inf.
a 4th G. Troop
Commissioner.

EF Address: *Chief of the Record and Pension Office
War Department, Washington, D. C.*

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

Malin B Hicks
Co. A. 178 Regt Pa. Infy.
was enrolled Sep. 22, 1862,
and left with Co. G. 27, 1863,
as Malin B. Hicks
Malin B. Hicks was en-
rolled Mar. 7, 65 in Co. A
74th Pa. Inf. and A. C. Smith
Co. Aug. 22, 65
From Oct. 23, 1862, to Jan. 1, 1863,
he held the rank of Sergeant Infy. from
66 July 23, 63, and from
Mar. 19 to Aug. 27, 65 private
and during that period the rolls show him present
except as follows June 26, 65 on
duty as clerk for
20th March

The medical records show him treated as follows:

No record found



By AUTHORITY OF THE SECRETARY OF WAR:

J. C. Fairweather
Colonel, U. S. Army, Chief of Office

Washington, D. C. FEB 24 1894
(COMMISSIONER OF PENSIONS.)

RECORD DIVISION.

Department of the Interior,

BUREAU OF PENSIONS.

Briefed by *J. M. D.*

Claim No. *1083, 5418.*

Certificate No. _____

Claimant *Hicks, Mahlon B.*

Soldier _____

Service *A 178 Pa. Inf.*

Additional Service *A 74 Pa. Inf.*

After
No. *1* Claim, New Records _____

~~No. Claim, Old Records~~ _____

Remarks *Records A. K.*

Feb. 26/94 - Same

J. D. Kynaston
Chief Division.

Declaration for invalid Pension

State of Maryland County of Baltimore ss.

On this 28th day of Feb. A.D. one thousand eight hundred and ninety four personally appeared before me a Justice of the Peace within and for the County and State aforesaid Mahlon B. Hicks aged 57 years a resident of Boring County of Baltimore State of Maryland, who being duly sworn according to law declares that he is the identical Mahlon B. Hicks who served as 2^d Lieut in Co. H. 178th Regt. Inf. in the Service of the United States in the war of the rebellion, and that he has been unable to earn a support by manual labor since Jan. 6th 1892, by reason of a gun-shot wound received in the left hand from the riffler of some cannon at Co. E. 9th Mass. during the battle of Antietam near the Whitstone Landing in the State of Pa. on the 3^d day of Sept 1862, resulting in a laceration of the hand, loss of grip and a left hand and shrinkage of the muscles. The said Mahlon B. Hicks further declares that he has been afflicted with neuritis for several years, resulting in weakness of the spine, stiffness in the back and constant pain in region of the liver and kidneys, affecting the entire muscles, or muscular system, producing helplessness at the instance of the slightest exertion, due from an attack of the la. grippe in 1890. That said disabilities are not due to his vicious habits and are to the best of his knowledge and belief of a permanent character.

That he has applied for pension under application No. 1088541. That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the Act of June 27, 1890. And that this declaration was written in his own hand writing without dictation.

Mahlon B. Hicks

Sworn to and Subscribed before me this 28th day of Feb. A.D. 1894, and I hereby certify that the contents of the above declaration were fully made known to the applicant before swearing, and that I have no interest, direct or indirect in the prosecution of this claim.

Certificate in file, Samuel H. Brown,
Justice of the Peace

Decision for invalid Pension

Mahlon B. Hicks

Date 2^d Lieut. Co. 2^d. 178. Regt. Po. Mgt

Claim 1083541

State of Maryland County of Baltimore ss.

On this 28th day of Feb. A. D. one thousand eight hundred and ninety four, personally appeared before me a Justice of the Peace within and for the County and State of aforesaid, Mahlon B. Hicks aged 57 years a resident of Boring, County of Baltimore State of Maryland who being duly sworn according to law, declares that he has ~~not been~~ in the military or naval service since Aug. 29. 1865.

TO COVER DATE.

Subscribed before

Samuel H. Brown Mahlon B. Hicks

Justice of the Peace, Boring

Certification file,

Baltimore County M. D.

Call nos 1 & 2. are set forth in declaration

Call No 4. Was not treated in hospitals. But received Treatment in the field by regimental Surgeons.

Call No 5. Mahlon B. Hicks. Boring Post-Office.

Baltimore County. State of Maryland

Claim No 1083541
of
Mahlon B. Nick
Late 2nd Lieut Co. 26. 178 R. Artillery

Reply to Call No. 3.



Continue re-
cord of examina-
tion here.



SURGEON'S CERTIFICATE

IN CASE OF

Major B. Becker
Co. 178 Regt Pa. Inf.

Applicant for Original

No. 108341

DATE OF EXAMINATION:

May 29, 1894.
William H. Miller, M.D., }
2. W. H. Miller, Sec'y, } BOARD.
Ed. Morris, Treas.,

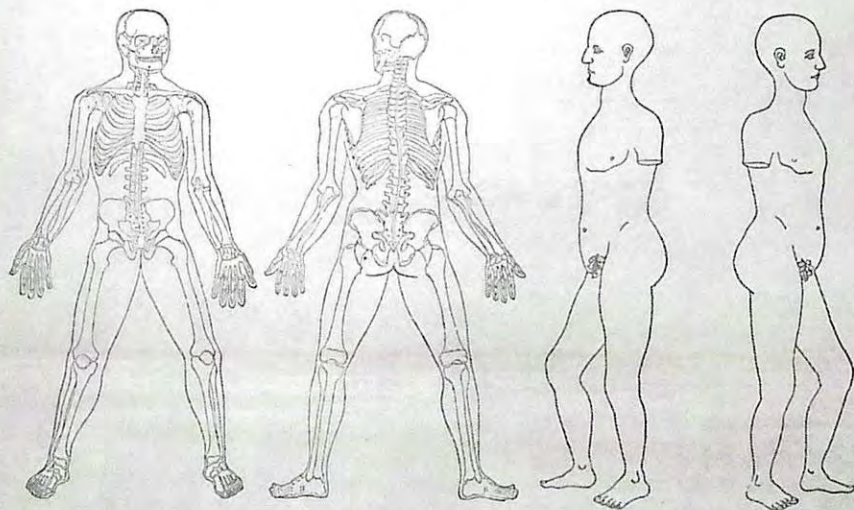
Post office, *Baltimore*

County, *Maryland*

State, *Maryland*

P. S.—Write your Post-office address plainly and in full.

W. H. Miller



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y.," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1832.]

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. *Original Injury* Pension Claim No. *1083541*
[State also whether for original, increase or restoration.]
 Name and rank of claimant. *Major W. B. Sikes*, Rank, *Major*
 Company *6, 114 Reg't Pa Inf*, *Baltimore Md* State, *Md*
 Claimant's post-office address. *Reading Baltimore Md* *May 17*, 189*4*
[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

in the service, viz: *Wound of left hand - thumb finger - resulting in weakness of spine and stiffness in back and constant pain*
 and that he receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for *Original*
That rheumatism originated from infection in the
joint - Bone wounded in service July 3, 1863
and in 1890 and has since followed an attack of
influenza in 1890

Upon examination we find the following objective conditions: Pulse rate, *72*; respiration, *18*; temperature, *98*; height, *5* feet *8* inches; weight, *156* pounds; age, *37* year.

Wound of left hand - We find that the 2nd metacarpal bone has been broken about the center joint - the fragments have united with some loss of tissue as resulted between base of thumb and index finger - left palm measuring 7 1/2 inches right palm 9 inches - the grip of the hand is fairly good and function does not appear to be greatly impaired.

Rheumatism - At this examination, connective joints and tendons seem normal in size and action - careful examination shows no noticeable weakness of spine or stiffness of back - claimant stoops and moves with reasonable ease - no tenderness to pressure over spine - action and area of back normal.

Pain in region of injured left hand - We find no enlargement tenderness or other pathological conditions touching the joint and test of wrist spine negative results.

Claimant is a laborer and shows a fair physique.

No other disability found no other alleged

Rate for EACH cause of disability. He is, in our opinion, entitled to a rating for the disability caused by _____ for that caused by _____ and _____ for that caused by _____

Robert R. R. R., Pres. *E. W. Gilliam*, Sec'y. *J. D. Morris*, Treas.

N. B. Always forward a certificate of examination whether a disability is found to exist or not.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., July 20, 1894

No. 10 8354 / *Inv.*

Name, Mahlon B. Hericks

Co. A, 74 Reg't Pa Inf.

Date of filing, Jan. 6, 1892.

Date of rejection, July 13, 1893.

CAUSE OF REJECTION.

No disability under
Act June 27, 1890.

ABSTRACT OF TESTIMONY TO REOPEN.

Declaration alleging
addition of disabilities
filed & examination
had.

Further consideration
recommended.

Reopened *Stagg*, Examiner.
G. I. Rubble, Chief of Div.

J

Act of June 27, 1890.

INVALID PENSION.

1083541

Claimant, Marlon B. Hicks,
 P.O., Boring, Rank, Private,
 County, Baltimore, Company, A,
 State, Md. Regiment, 74 Pa. Vol. Inf.
 Rate, \$..... per month, commencing.....

Disabled by REJECTED.

RECOGNIZED ATTORNEY.

Name, J. B. Cralle & Co., Fee, \$..... Agent to pay.
 P.O., Wash., D.C. Articles filed, ✓, 189.....

APPROVALS.

Submitted for Rej. July 20, 1894 W. Stagg, Examiner.
 Approved for Reject g.s. ev. left hand, Approved for Reject g.s. ev. not
rheumatism, & res. of la grippe - not able from any cause
Not ratable, subject to appeal under Act of June 27, 1890
Med. Ref.

Aug. 6, 1894. Hemingway Clark
 Legal Referee. Medical Referee.
not now pensioned under other laws. Last paid to....., 189....., at \$.....
 Pensioned from....., 18....., at \$..... for.....

SERVICE SHOWN BY RECORD.

Enlisted Oct 22, 1862 honorably discharged July 27, 1863,
 Re-enlisted Mar 9, 1865 honorably discharged Aug 29, 1865.
 Declaration filed Mar. 2, 1894 alleges permanent disability, not due to vicious habits,
 from gunshot wound in left hand and
rheumatism, & res. of la grippe.
Writes: No M.C.

PHYSICIAN'S AFFIDAVIT. PROOF OF PHYSICAL OR MENTAL DISABILITY. Act of June 27, 1890.

IMPORTANT.—The affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions must be carefully observed before writing out the statement.

State of Maryland, County of Baltimore, SS:

In the matter of the application for pension of Mahlon B. Hicks, of
Co. 26. 118. Regt. Md. Inf. 4th

On this 6th day of October, A. D. 1894, personally appeared
before me, a Justice of the Peace, in and for the aforesaid County,
duly authorized to administer oaths, Dr. Jas. H. Wilson
aged 48 years, a resident of Farmersburg in the County of
Baltimore, and State of Maryland, whose Postoffice
address is Farmersburg, and well known to me to be reputable and entitled to

it, and who, being duly sworn, declared in relation to aforesaid case as follows:

That he has known Mahlon B. Hicks for
8 or 10 years, and has treated him for the grip
and afterwards for Lumbago and Rheumatism
which has affected his back, these disabilities
are of a permanent character and he has suffered
from this disease since Nov. 7, 1893 up to the
present time, which has in a great measure
prevented him from performing manual labor to
a great extent.
He is also suffering from the effects of a gunshot
wound, which he says was received in the late war.
The ball struck the antecubital bone of the first finger
of the left hand, and broke as though the bone was
broken. The muscles and nerves have become affected
to such an extent that the hand is permanently
disabled to a certain extent, from work he cannot
do at all, and from these disabilities in my
opinion he is not able to make a 1/2 hour
the disabilities are not due to nervous habits
and he further says he made this affidavit
himself, without dictation from any one

Instructions!
Read
Carefully.

The physician making a statement on this blank should state fully and explicitly all the disabilities of a permanent character, either mental or physical, from which the claimant has suffered from date of filing his application

Nov 7,
1893.

up to the present time, and to what extent, in his opinion, the claimant has been disabled by reason of said disabilities for the performance of manual labor (hard work), whether 1/2, 3/4, 1, or entirely, as the case may be.

He should also particularly state that the disabilities are not due to vicious habits, if, as a matter of fact, they are not.

PHYSICIAN'S PROOF OF PHYSICAL OR I Act of June 2

IMPORTANT.—The affidavit should, if possible, contain marginal instructions must be carefully observed before:

State of Maryland, County

In the matter of the application for pension of Mr.

Geo. W. 178 Regt Pa Inf 1st

On this 6th day of October

before me, a Justice of the Peace

duly authorized to administer oaths Dr. Geo.

aged 44 years, a resident of Hawthorne

Baltimore, and State of Md.

res is Hawthorne, and

it, and who, being duly sworn, declared in relation to af

That he has known Mr. Geo. W. 178 Regt Pa Inf 1st for
8 or 10 years, and has treated him for the gout
and afterward for Lumbago and Rheumatism
which has affected his back, these disabilities
are of a permanent character and he has suffered
from this disease since Nov. 7, 1873 up to the
present time, which has in a great measure
prevented him from performing manual labor to
a great extent.

He is also suffering from the effects of a gunshot
wound, which he says was received in the late war.
The ball struck the middle finger of the right hand,
and broke as though the bone was
broken, the muscles and nerves were become affected
to such an extent that the hand is permanently
disabled to a certain extent, from which he cannot
do at all, and from these disabilities in my
opinion he is not able to make a living.
The disabilities are not due to vicious habits
and he further says he swears this affidavit
himself, without dictation from any one.

Instructions! Read Carefully.

The physician making a statement on this blank should state fully and explicitly all the disabilities of a permanent character, either mental or physical, from which the claimant has suffered from date of filing his application

Nov. 7,
1873.

up to the present time, and to what extent, in his opinion, the claimant has been disabled by reason of said disabilities for the performance of manual labor (hard work), whether 1, 2, 3, or entirely, as the case may be.

He should also particularly state that the disabilities are not due to vicious habits, if, as a matter of fact, they are not.

READ!

The following instructions are given under Order 229, of the Commissioner of Pensions, and must be strictly followed or the affidavit will be worthless and of no benefit whatever to your case:

1. If the witness writes his own affidavit (and this course is preferred), he must, in addition to the facts regarding the claim under consideration, state that he wrote the affidavit, and that he was not aided or prompted by any written or printed statement or recital, prepared or dictated by any other person, and not attached as an exhibit to his testimony.

2. If the affidavit is written by another person, the witness must state, in addition to the facts regarding the claim under consideration, that he has not used and was not aided or prompted by any written or printed statement or recital, prepared or dictated by any other person, and not attached as an exhibit to his testimony, and the witness must add a statement that such testimony was written in his presence, and only from his oral statements then made; stating also the time, place, and person, when, where, and to whom he made such oral statements.

ACT OF JUNE 27, 1890.

PHYSICIAN'S AFFIDAVIT.

CLAIM OF
James H. Wilson
Late *in Co. A. 11th* Reg't.
of *Ill. Inf.* Yols.

FOR

ORIGINAL INVALID PENSION.

No. *1178*



FILED BY

J. B. Cralle & Co.,
U. S. Claims Attorneys
CRALLE BUILDING,
108 C ST., N. W., WASHINGTON, D. C.



He further declares that he has practiced medicine *24* years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

James H. Wilson M.D.
Affiant's Signature.

Sworn to and subscribed before me this *6th* day of *October*, A. D. 189*0*, and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, etc., were fully made known to him before swearing, including all the words.....
.....erased, and all the words.....added, and that I have no interest, either direct or indirect, in the prosecution of this claim.

FILED TO COVER DATE

Samuel H. Brown
(Official Signature.)

[L. S.]

James H. Wilson
(Official Character.)

NOTE.—This be executed before any officer authorized to administer oaths for general purposes.

Act of June 27, 1890.

Supplemental Declaration for Invalid Pension.

STATE OF Maryland
COUNTY OF Baltimore } ss:

On this 6th day of October, A. D. one thousand eight hundred and ninety-four personally appeared before me, James B. Hicks, within and for the county and State aforesaid, aged 57 years, a resident of Baltimore, County of Baltimore, State of Md., who, being duly sworn according to law, declares that he is the identical Mahlon B. Hicks, who was enrolled on the 28th day of Oct., 1862, in Co. H. 175th Pa. Inf. Regt.

in the War of the Rebellion and served at least ninety days, and was Honorably Discharged at Harrisburg Pa. on the 27th day of July, 1863.

That he was disabled for earning a support by manual labor in a degree entitling him to a pension on July 16th, 1863, the date of filing his Original Declaration, by reason of the following disabilities: Lumbago & Rheumatism of the right arm from the effects of a gunshot wound on the left hand which was caused by the explosion of the mine of the entire arm incurred at The White House Landing, Va.

on or about the 29th day of July 1863 while in Co. H. 175th Pa. Inf. Regt.

in front line Lumbago & Rheumatism at 1890 incurred from Co. Gaffi

That he is also disabled for earning a support by in front line Lumbago & Rheumatism at 1890 incurred from Co. Gaffi

incurred about in front line Lumbago & Rheumatism at 1890 incurred from Co. Gaffi

under the following circumstances: in front line Lumbago & Rheumatism at 1890 incurred from Co. Gaffi

That he has been in the Military or Naval service otherwise than as above set forth Resembled in Co. A. 74th Pa. Inf. Regt. in March 1865 discharged Aug 29 1865

That said disabilities have continued to exist up to the present time, and are not due to vicious habits, and are, to the best of his knowledge and belief, permanent, and that he is now 2/3 disabled for earning a support by manual labor in consequence of same.

That the No. of his Pension Claim is 1113-541

That he makes this supplemental declaration for the purpose of re-opening his claim, and being placed on the pension-roll of the United States under the provisions of the ACT OF JUNE 27, 1890. He hereby appoints

J. B. CRALLE & CO.,
U. S. Pension Attorneys, Cralle Building

108 C street N. W., Washington, D. C., his true and lawful attorneys to prosecute his claim, and he hereby agrees to allow said attorneys the lawful fee of Ten Dollars when his pension is allowed. That his Postoffice address is Baltimore, County of Baltimore

State of Md.

Attest James B. Hicks (Claimant's signature.)

Mary E. Brown (First witness sign here.)

Mary E. Brown (Second witness sign here.)

ATTY FILED

Write in ALL of your Disabilities, whether Wounds, Injuries or Diseases, as under the New Law (Act of June 27th, 1890), it makes no difference whether they were incurred during your service or since your discharge, provided they are not due to vicious [bad] habits.

Also personally appeared Dr. Samuel H. Wilson residing at Fredericksburg, Va.
(Name of first witness.)
and Mary E. Brown residing at Fredericksburg, Va.
(Name of second witness.)

persons whom I certify to be respectable and entitled to credit and who, being by me duly sworn, say they were present and saw Samuel H. Brown, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him for 8 or 10 years and 5 or 6 years respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Dr. Samuel H. Wilson
Mary E. Brown
(Signatures of witnesses.)

Sworn to and subscribed before me this 6th day of October, A. D. 1894, and I

hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words

(L. S.) erased, and the words certificate or file to cover added; and that I have no interest, direct or indirect, in the prosecution of this claim.

date of execution
Law Division

Samuel H. Brown
(Signature.)
Justice of the Peace
(Official Character.)

Under Act of September 1, 1890, all applications for pensions may be executed before any officer authorized to administer oaths. It is not necessary now that the officer should have a seal, or that one should be attached showing his official capacity. You may, therefore, execute this paper before any Notary, Justice, or other officer who is most convenient to you.

10. 1083.3476

SUPPLEMENTAL
DECLARATION FOR INVALID PENSION.

ACT OF JUNE 27, 1890.

Name William B. Hicks

Rank 2nd Lieut. Co. 26th Regt.

Re Draft Vols.

4 A 745 Re Draft

ADRI

FILED BY

J. B. Cralle & Co.

U. S. PENSION ATTORNEYS

CRALLE BUILDING

108 C ST. N. W., WASHINGTON D. C.

24/31

READ THESE NOTES CAREFULLY BEFORE FILLING UP THE APPLICATION:

The act of June 27, 1890, REQUIRES: An honorable discharge (but the certificate need not be filed unless called for).

*A service of not less than ninety days.

A permanent physical or mental disability not due to vicious habits. (It need not have originated in the service.)

The rates under the act are graded from \$6 to \$12 proportioned to the degree of inability to earn a support and are not affected by the rank held.

A pensioner under existing laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than ONE pension for the same period.

Fill up the blank carefully, and be particular to give the certificate number if you are a pensioner, and if not, the number of your application if you have made application.

Continue rec-
ord of examina-
tion here.



SURGEON'S CERTIFICATE

IN CASE OF

Machine 3. Tricke
Co. 2, 7th Reg't Ia Inf.

Applicant for *224*

No. *1003541*

DATE OF EXAMINATION:

Nov 9th, 189*4*

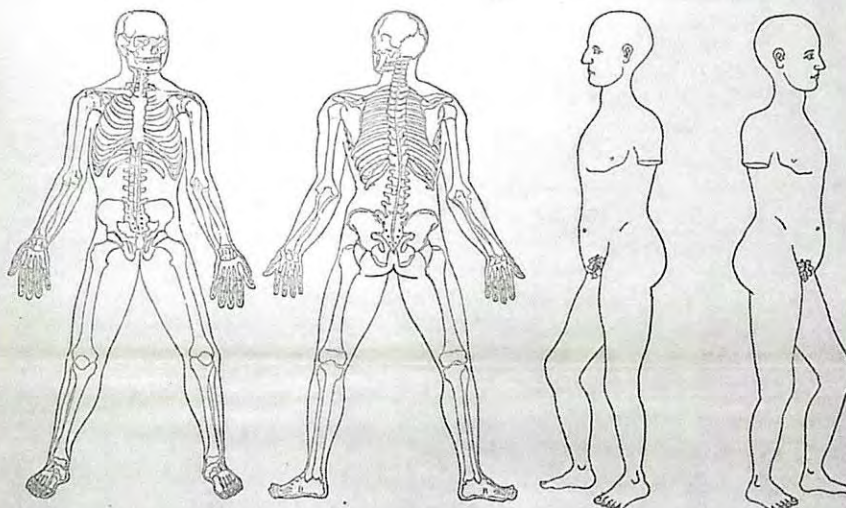
A. H. Foster, Pres.,
J. G. S. S. Secy,
D. C. Nelson, Treas.,
BOARD.

Post office, *Ball's*

County, *Mad*

State, *Mad*

P. S.—Write your Post-office address plainly and in full.



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. *Original* Pension Claim No. *1083541*
[State whether for Original, Increase, or Restoration.]
 Name and rank of claimant. *William B. Hicks*, Rank, *Private*
 Company *A, 7th Reg't Pa Inf*, *Fallington, Md* State,
 Claimant's post-office address, *Boring, Balto Cond*, *Nov 9th*, 189*4*
[Post-office address of the Board.]
[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

in the service, viz: *Lumbago & Rheumatism also wound of left hand causing shrinkage of arm*

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for *Original*
I have lumbago and rheumatism. I have a wound of left hand
[Original, Increase, Restoration, &c.]
 Here give the claimant's statement as briefly and as compactly as possible.

Upon examination we find the following objective conditions: Pulse rate, *88*; respiration, *22*; temperature, *98*; height, *5* feet *9* inches; weight, *166* pounds; age, *35* years, *For Physical condition see*
Lumbago - There is stiffness over the lumbar muscles without atrophy or swelling, but with stiffness of muscles upon stooping.
Rheumatism - There is rheumatic nodules over the left shoulder & elbow joints without atrophy or swelling of muscles or enlargement of joints, but with some contraction of the capsular ligament of the shoulder joint & the tendon of inner portion of the left biceps muscle impairing the motion of elevating the arm & flexing fully the forearm.
There is also contraction of the ligament of the 2nd joint of thumb of left hand impairing the motion of flexion of the joint. There is no evidence of shrinkage of nerve of the arm. This condition is the result of a former injury.
 Here give a full description of the disability, in accordance with Book of Instructions.
 The actual or probable origin of every existing disability must be fully set forth. Whenever disability is shown, or is believed to be due to or aggravated by vicious habits, the opinion of the board must be stated. When not due to such habits, this fact must be stated.

A. H. Hayton, Pres. *H. L. Lantier*, Sec'y. *D. C. Melhus*, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

~~Claimant~~
GENERAL AFFIDAVIT.

State of....., County of.....

In the matter of *Mahlon B. Hicks*

late a *2d Lieut* in Co. *162* of the *1st*
Reg't of *Pa. Inf.* Vols., for *Org. Ind. Service*

On this..... day of..... A. D., 189....., personally appeared
before me, a..... in and for the aforesaid County, duly authorized to administer
oaths,....., aged..... years, a resident of.....
in the County of....., and State of....., whose
Postoffice address is..... and well known to me to be
reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

(Affiant should state his means of knowing the facts to which he testifies.)

*That I did not serve in the military or naval Service
prior to October 22, 1862, and that I wrote this
Statement at Boring M. d. on the 19th day of November 1874
without dictation or aid from any person or persons
And further that I was mustered in the
Military Service at Harrisburg, Pa. on the 22nd day
of Oct. 1862, in Company 26178. Regt. Pa. Inf. and
discharged on the 27th day of July 1863, Reenlisted
1st March 1865, in Company A. 74. Pa. Regt. Inf. and
discharged Aug. 29, 1865.*

..... further declare that..... no interest in said case.....
not concerned in its prosecution.

If affiant signs by mark, two persons who can write sign here.

Mahlon B. Hicks
Signature of Affiant.

State of Maryland, County of Baltimore, ss:

Sworn to and subscribed before me this 19th day of November, A. D. 1894,
by the above-named affiant, and I certify that I read said affidavit to said affiant, including all the words
..... erased,
and all the words..... added, and acquainted him
with its contents before he executed the same. I further certify that I am in nowise interested
in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me,
and that he is a credible person.

(Certificate on file)

[L. S.]

Samuel H. Brown
Official Signature.

Justice of the Peace
Official Character.

I,, clerk of the County Court in and for
aforesaid County and State, do certify that..... Esq.
who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing.....
..... in and for said County and State duly commissioned and sworn;
that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this..... day of..... 1894.

[L. S.]

Clerk of the.....

This affidavit may be sworn to before any officer authorized to administer oaths. If executed before a Notary or Justice, how-
ever, the certificate of Clerk of Court should be attached, showing official capacity of said Notary or Justice, if such certificate be
not already on file.

IMPORTANT! The Commissioner of Pensions requires that each affidavit must con-
tain a statement showing when, where, and by whom it was written; and if written by
any person other than the witness himself, it must also contain a statement that it was
written in his presence, and only from his oral declarations then made to the person who wrote it.
Every affidavit must also contain a statement showing that the witness in making his statement
was not aided or prompted by any written or printed statement or recital prepared or dictated by
any other person, and not attached as an exhibit to his testimony.

Middlebrook
ADDITIONAL EVIDENCE.

CLAIM OF
William B. Dickey

Lt. 2. dr. in Co. M. 118. Reg't.
of Pa. Light Vols.

Character of Claim.
Original Inducted Pension
No. 1183541

To complete requirements
Dated Oct 31. 1894

FILED BY
J. B. CRALLE & CO.,
U. S. Claim Attorneys
CRALLE BUILDING,
108 C St., N. W., WASHINGTON, D. C.

Claimant's GENERAL AFFIDAVIT.

State of Maryland, County of Baltimore

In the matter of Mahlon B. Hicks

late a 2^d Lieut in Co. H of the 1st
Reg't of Pa Inf Vol. for Original petition

On this 10th day of April A. D. 1898, personally appeared
before me, a Justice of the Peace, in and for the aforesaid County, duly authorized to administer
oaths, Mahlon B. Hicks, aged 57 years, a resident of Boring
in the County of Baltimore, and State of Md, whose
Postoffice address is the same and well known to me to be

reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

That on the third day of July A.D. 1863, while doing Picket
(Affiant should state his name of knowing the facts to which he testifies.)

duty near the White House Landing in the State of Virginia
I was hit by a spent ball from the gun in the hands of some
concealed enemy in the presence of Washington Beck and
Samuel Spangenberg doing picket duty in the reserve when
the shot was made. On hearing the report Thomas Hunt the
Chaplain of the Regt came riding across the tide down river.
The reserve used bandaged my wound. Those three comrades
were the only witnesses present at the occurrence. The wound
was not of a serious nature at the time, consequently it was need-
less of a hospital treatment. Regimental Surgeon Wagoner, dressed and
treated the wound in camp and field.

Upon diligent enquiries I learn that the three former men died
this accident on the 10th of August of Surgeon Wagoner I am at a loss to
know. To the best of my knowledge the case is not a case of Co. H 1st Regt in that State.
Affiant further declares that he wrote the above on the 9th day of
April, 1898, at Boring, without aid or dictation from any person or
persons and was written from his personal knowledge as
set forth in the above affidavit.

I further declare that I have no interest in said case and am
not concerned in its prosecution.

If affiant signs by mark, two persons who can write sign here.

Mahlon B. Hicks
Signature of Affiant.

State of Maryland, County of Baltimore, ss:

Sworn to and subscribed before me this 10th day of April, A. D. 1896,
by the above-named affiant, and I certify that I read said affidavit to said affiant, including all the words
..... ceased,
and all the words..... added, and acquainted.....
with its contents before..... executed the same. I further certify that I am in nowise interested
in said case, nor am I concerned in its prosecution; and that said affiant..... is personally known to me,
and that..... is a credible person.

[L. S.]

Certificate on file

Official Signature.

Official Character.

I,..... clerk of the County Court in and for
aforesaid County and State, do certify that..... Esq.
who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing.....
..... in and for said County and State duly commissioned and sworn;
that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this..... day of..... 189 ..

[L. S.]

Clerk of the.....

This affidavit may be sworn to before any officer authorized to administer oaths. If executed before a Notary or Justice, however, the certificate of Clerk of Court should be attached, showing official capacity of said Notary or Justice, if such certificate be not already on file.

IMPORTANT! The Commissioner of Pensions requires that each affidavit must contain a statement showing when, where, and by whom it was written; and it written by any person other than the witness himself, it must also contain a statement that it was written in his presence, and only upon his oral declarations then made to the person who wrote it. Every affidavit must also contain a statement showing that the witness in making his statement was not aided or prompted by any written or printed statement or recital prepared or dictated by any other person, and not attached as an exhibit to his testimony.

ADDITIONAL EVIDENCE.

CLAIM OF

William B. Hicks

Late S. S. Agent in Co. 24th I. L. E. Reg't.

of Pennsylvania Vols.

Character of Claim.

No. 10,834



FILED BY

J. B. CRALLE & CO.,

Claim Attorneys,

CRALLE BUILDING,

108 C St., N. W., WASHINGTON, D. C.

Act of June 27, 1890.

INVALID PENSION.

1083541.

Claimant, Mahlon B. Bick
 P.O., Boring Rank, Private
 County, Baltimore Company, A
 State, Md. Regiment, 74 Pa. Vol. Inf.
 Rate, \$ _____ per month, commencing October 10, 1894. (1894)

Disabled by

REJECTED

RECOGNIZED ATTORNEY.

Name, J.B. Cralle & Co. Fee, \$ 10 Agent to pay.
 P.O., Wash. D.C. Articles filed, ✓, 189 .

APPROVALS.

Submitted for Adm. May 24, 1895 P.H. May Examiner.
 Approved for Lumbago & rheumatism Approved for rejection, no
Reject G.S. W. left hand on the ground notable disability
of claimant's inability to show when shown under Act
of circumstances under which he incurred of June 27, 1890, Foster
said wound. Feeling Chas. J. Foster Medical Referee.
June 20, 1895 June 21, 1895
not now pensioned under other laws. Last paid to _____, 189 , at \$ _____
 Pensioned from _____, 18 , at \$ _____, for _____

SERVICE SHOWN BY RECORD.

Enlisted Oct 22, 1862 honorably discharged July 27, 1863
 Re-enlisted Mar. 9, 1865 honorably discharged Aug. 29, 1865
 Declaration filed Oct 10, 1894 alleges permanent disability, not due to vicious habits,
 from lumbago, rheumatism and gunshot wound
of left hand.
 Writes: Am. J. F. C. Ballat, m.

Declaration for an Original Invalid Pension.

To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal must be certified by the clerk of the proper court, giving dates of beginning and close of official term.

County
State of Maryland, City of Baltimore, ss:

ON THIS 11th day of July, A. D. one thousand eight hundred and ninety-five
personally appeared before me, a notary of the State
within and for the County and State aforesaid Mahlon B. Hicks

aged 58 years, who, being duly sworn according to law, declares that he is the identical Mahlon B. Hicks
who was ENROLLED as a Priv on the day of
October, 1862, in Company H of the 178 Regiment of Pa Inftry

commanded by Harrisburg, Pa and was honorably DISCHARGED at
on the 27 day of July, 1863, that his

personal description is as follows: Age 58 years; height 5 feet 9 inches; complexion dark
hair dark; eyes blue. That while a member of the organization aforesaid, in the

service and in the line of duty at White House Landing in the State of Va
on or about the 3 day of July, 1863, he was officer

(Here state the name or nature of disease, or the
of the pickett and was shot by a con-
location of wound or injury. If disabled by disease, state fully its cause; if by wound or injury, the precise manner in which received.)

Federate Sharpshooter - The ball striking
his left hand which has caused a shrinking
of the muscles and loss of power in the
hand

That he was treated in hospitals as follows: Not in Hospital - wound was
(Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.)
dressed several times by Surgeon Mayes

That he has been employed in the military or naval service otherwise than as stated above Enlisted
March 65 in Co A 74 Pa Vols discharged Aug 27, 1865
(Here state what the service was, whether prior or subsequent to that stated above and the dates at which it began and ended.)

That he has not been in the military or naval service of the United States since the 27 day of Aug 1865

That since leaving the service this applicant has resided in Columbia Co Pa & City of Baltimore
in the State of Maryland, and that his occupation has been that of a laborer

That prior to his entry into the service above-named he was a man of good, sound, physical health, being when enrolled a
farmer That he is now greatly disabled
from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of
the United States; and he therefore makes this declaration for the purpose of being placed on the invalid
pension roll of the United States. He hereby appoints with full power of substitution and revocation,

A. PARLETT LLOYD, of Baltimore, Md.,

his true and lawful attorney to prosecute his claim. That he has never received but has applied for

a pension; claim that his residence is No. 1083, 541 - His address is Bonig, County of
Baltimore, Maryland, and that his post office address is same.

L. J. Brown Mahlon B. Hicks
(Signature of Claimant.)

Mary E. Brown
[Two witnesses who can write, sign here.]

Also personally appeared

C. H. L. Brown

residing at

Boring Ind.

and

Mary E. Brown

residing at

Woodensburg, Ind.

persons whom I certify to be respectable and entitled to credit, and

who being by me duly sworn, say that they were present and saw

Mahlon B. Hicks

, the claimant, sign his name (make his mark) to the foregoing

declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him

that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

C. H. L. Brown

Mary E. Brown

[Signature of Affiants.]

[If Affiants sign by mark, two persons who can write sign here.]

Sworn to and subscribed before me this

11

day of

July

, A. D. 189*6*

and I hereby certify that the contents of the above declaration, &c., were fully made known and explained

to the applicant and witnesses before swearing, including the words

erased, and the words

added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Samuel H. [illegible]

[Official Signature.]

James H. [illegible]

[Official Character.]

[L. S.] *(Certificate on file)*

I,

, Clerk of the County Court in and for aforesaid County

and State, do certify that

, Esq., who has signed his name to the

foregoing declaration and affidavit was at the time of so doing

in and

for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and

that his signature thereunto is genuine.

Witness my hand and seal of office, this

day of

, 189

[L. S.]

Clerk of the

INVALID.

CLAIM FOR PENSION.

ORIGINAL.

Mahlon B. Hicks, Applicant.

Co. H 178

Reg't.

Bennett

Vols.

Enlisted 1862

Discharged July 27 1863

Claimed O. 1083541

RECORDED DIV. AUG 1 1896
FILED JUL 29 1896
Filing by

A. PARLETT LLOYD,

ATTORNEY,

BALTIMORE, - MARYLAND.

LAW DIVISION
JUL 29 1896
RECEIVED.

24/30

Act of June 27, 1890.
Supplemental
DECLARATION FOR INVALID PENSION.

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

State of Maryland, County of Baltimore, ss:

On this 22 day of July, A. D. one thousand eight hundred and ninety-

five, personally appeared before me, Samuel H. Brown,

a Justice of the Peace within and for the County and State aforesaid,

Mahlon B. Hicks, aged 58 years, a resident of the Town

of Bonrig County of Baltimore,

State of Md, who, being duly sworn according to law, declares that he is

the identical Mahlon B. Hicks, who was ENROLLED on the

day of October, 1864 in Co 76 178 Pa Vols

(Here state rank, company, and regiment in military service, or vessel, if in the Navy.)

in the service of the

United States in the war of the rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at

Harnsburg Pa, on the 27 day of July, 1863

That he has been employed in the military or naval service otherwise than as stated

above Enlisted Co A, 74 Pa March 1865 - discharged August 27, 1865

(Here state what the service was, whether prior or subsequent to that stated above, and the dates of which it began and ended.)

That he is unable to earn a support by manual labor by reason of Gumbugo

(Here name the disease or

Rheumatism, gunshot wound of left hand causing

diminution of muscles & strength, affection of heart & chest

He was so disabled when he filed his former claim. That said disabilities are not due to his

vicious habits, and are to the best of his knowledge and belief permanent. That he has heretofore

applied for pension under application No. 1083541 That he is a pensioner under Certificate No

when last examined by the Liberty St Board of Surgeons at Baltimore they are doctor made the examination & he requests a new order to fully do -

Examine his disability. It was not medically examined at all - only a question being asked

That he makes this declaration for the purpose of being placed on the pension-roll of the United States, under

the provisions of the act of June 27, 1890.

He hereby appoints, with full power of substitution and revocation,

A Parlett Lloyd of Baltimore Md

his true and lawful attorney to prosecute his claim, the fee to be TEN DOLLARS as prescribed by law. That

his POST-OFFICE ADDRESS is Bonrig, County of

Baltimore, State of Md

1 S H L Brown Mahlon B Hicks
(Claimant's Signature.)

2 Mary E. Brown
(Two witnesses who write, sign here.)

Also personally appeared B. H. L. Brown, residing at Adoring, Pa., and Mary E. Brown, residing at Shoemaker, Pa., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Mable B. Hicks, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him for 8 years and 6 years respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

B. H. L. Brown
Mary E. Brown
 (Signatures of Witnesses.)

Sworn to and subscribed before me this 22nd day of July, A. D. 1898, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words

erased, and the words added; and that

I have no interest, direct or indirect, in the prosecution of this claim.
 [L. S.]

(Certificate on file)

William L. Brown
 (Signature.)
Justice of the Peace.
 (Official Character.)

The act of June 27, 1890, REQUIRES, in case of a soldier:

1. An honorable discharge (but the certificate need not be filed unless called for).
2. A minimum service of ninety days.
3. A permanent physical disability not due to vicious habits. (It need not have originated in the service.)
4. The rates under the act are graded from \$6 to \$12, proportioned to the degree of inability to earn a support and are not affected by the rank held.
5. A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than ONE pension for the same period.

Act of June 27, 1890.
 Soldiers' APPLICATION.

Name: Mable B. Hicks

Service: Co. 36 178 Pa. Vol. Inf.

SW 1083 541

22 7 1898

Adoring, Pa.

FILED BY

Adoring, Pa.

RECEIVED

1083 541

22 7 1898

Adoring, Pa.

FILED BY

Adoring, Pa.

RECEIVED

1083 541

22 7 1898

Adoring, Pa.

Law Office of A. PARLETT LLOYD, S. E. Cor. St. Paul & Saratoga Sts., Baltimore, Md.

Claim No. 1,025,401 of *Mahlon B. Hicks Co. 26 178th Pa Vols*

On this day and date below written, personally appeared the affiant whose signature is hereto affixed and who being duly sworn according to law testified as follows:

"My age is 58 years, I reside in Baltimore, Md., at *Co Boring P.O.*
Street

That I never served in the military or naval service except in Company 26.178th Pa Vols^{4th} Company A. 74th Pa Vols. And that I never enlisted in either the Army Navy or Marine Corps of U. S. Except in Co. 26.178. Pa Vols, Co. A. 74. Pa Vols. And that I never enlisted prior to Oct 1862, or after Aug. 27. 1865. Neither did I serve in the Army or Naval Service between July 27, 1863 & March 1865.

~~I have no interest in this claim~~

Mary E. Brown
(If witness sign by mark, two persons who can write, sign here.)

Mahlon B. Hicks

Co
STATE OF MARYLAND, CITY OF BALTIMORE, ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that said affidavit was read to said affiant, including the words _____

_____ erased, and the words _____ added

and acquainted *him* with its contents before *he* executed the same. I further certify that I am in

nowise interested in said case, nor am I concerned in its prosecution; and that said affiant *is well known to me*

and is a credible person, this *2nd* day of *September* 1895.

(Certificate on file)

Sammuel B. Brown
(Official Signature.)

Justice of the Peace.

INSTRUCTIONS—Read Carefully.—Under the order of the Commissioner of Pensions number 229 in the preparation of testimony in support of claims in pension cases, all statements affecting the particular case and not merely formal, must be written or prepared to be type-written in the presence of the witness, and from his oral declarations then made to the person who then reduces the testimony to writing or then prepares the same to be type-written. And such testimony must embody a statement by the witness that such testimony was all written or prepared for type-writing (as the case may be) in his presence, and only from his oral statements then made; stating also the time, place, and person, when, where and to whom he made such oral statements, and that in making the same he did not use, and was not aided or prompted by any written or printed statement or recital, prepared or dictated by any other person; and not attached as an exhibit to his testimony.

M. P. W.

Claim of

Mahlon B. Hicks

Co "H" 178 Pa Volo

Pl "A" 74 " "

NE 1.083,541



Filed by
A. P. Lloyd
Balt: md

Continue re-
cord of examina-
tion here.



SURGEON'S CERTIFICATE

IN CASE OF

Walter B. Sticks
Co. H. 178 Reg't Cal Inf.

Applicant for Original

No. *1083544*

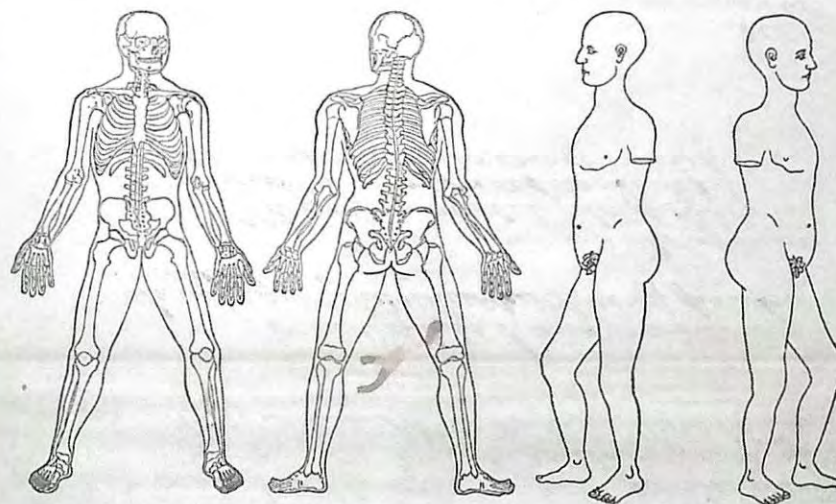
DATE OF EXAMINATION:

Oct 16, 1895.

Robert A. McCulloch, Pres.,
Chas. Schindler, Sec'y, BOARD.
E. W. Muehler, Treas.,

Post office *Hagerstown*
County, *Washington*
State, *Maryland*

P. S.—Write your Post-office address plainly and in full.



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y.," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Original Pension Claim No. 1083541
 Name and rank of claimant. Hicks, Mahlow B., Rank 2d Lieutenant
 Company H 178 Reg't (Cal. Inf.) Hagerstown, Md State, Md
 Claimant's post-office address. Boring, Baltimore Co., Md [Post-office address of the claimant.]
 [Date of examination.] Oct 16, 1895

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: Wound of left hand, resulting
in the loss of the muscles of the hand
 Cause of disability. and that he receives a pension of _____ dollars per month.
 If a pensioner, full in the amount; if not, state the whole line.

He makes the following statement upon which he bases his claim for Original
Alleged inability to perform
manual labor on account of
weakness of hand and arm.
 Here give the claimant's statement as briefly and as compactly as possible.

Upon examination we find the following objective conditions: Pulse rate, 86;
 respiration, 24; temperature, 98.3; height, 5 feet 9 inches; weight, 162
 pounds; age, 38 years. Have linear cicatrix,
1 1/4 inches in length across the
proximal end of the first meta-
carpal bone of the left hand,
resulting in the atrophy of the
flexor and extensor muscles of
the thumb and first digit,
causing nearly total loss of
power of the hand. Left hand
measures 7 1/4 inches; right
hand, 8 1/2 inches; 12 1/8 talling.
Disabilities are not due to
vicious habits.
No other disability is found
to exist.
 Here give a full description of the disability, in accordance with Book of Instructions.
 The actual or probable cause of every existing disability must be fully set forth.
 Whenever disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Rich. J. McKim, Pres. E. M. Schindel, Sec'y. E. A. Wardman, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Original Pension Claim No. 1,083,541
(State above whether for original increase, decrease, or restoration.)
 Name and rank of claimant. Wahle, R. Hicks, Rank, 2nd Lieutenant
 Company I, 74 Reg't Pa. Inf't - 99 E. Main St. Westminster Md. State,
(Post office address of the Board.)
 Claimant's post-office address. Boring, Balt. Co. Md. March 18th 1896, 1896
(Date of examination.)

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

in the service, viz: Wound of left hand & Rheumatism.

and that he receives a pension of _____ dollars per month.
 He makes the following statement upon which he bases his claim for Original
(Original, increase, restoration, &c.)

Here give the claimant's statement as briefly and as completely as possible.

Wound of left hand and Rheumatism.

Upon examination we find the following objective conditions: Pulse rate, 84; respiration, 20; temperature, 99; height, 5 feet 9 inches; weight, 160 pounds; age, 39 years.

Here give a full description of the disability, in accordance with Book of Instructions.

Wound of left hand. Right wrist 7 inches left 6 3/4. Right hand ground base of thumb 10 1/4 left 8 1/2 inches. Under thumb ground hand right 8 1/2 left 7 1/4. Muscles of left hand around thumb first second finger atrophied. Depression between thumb and first finger 1 inch. Contracture & loss of tissue. Scar 3/4 inch long and 1/4 inch wide. Scar not tender but on pressure dragging. Limitation of motion first & second finger one third. Rheumatism. Slight crepitation of left shoulder. Measurement of left shoulder 19 1/2 inches right 18 1/2. Round deltoid of left arm 12 1/2 right 13 inches. Round biceps of left 11 1/2 right 11 1/2. Contracture & rigidity of muscles of left shoulder limitation of motion 1/2. Measurement of left knee 15 right 14 1/4. Contracture & rigidity of muscles & tendons of both knees. Limitation of motion of right knee 1/4. Atrophy of all the muscles of the lumbar region. Tenderness on pressure. Four attacks of lumbago per year. They average three or four weeks for each attack. Heart normal, valves normal. By auscultation & percussion lungs normal. Pains over chest muscular. Throat compressed. Struma elongated & enlarged. Slight Catarrh conditions. Rating Right Hand 1/2 lumbago 2 1/2 Rheumatism 4 1/2 Total 7 1/2

The actual or probable origin of every existing disability must be fully set forth. Whenever disability is shown, or it is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

L. M. Steele, Pres. J. S. Mather, Sec'y. Thos. J. Shreve, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

Continuation of examination here.



SURGEON'S CERTIFICATE

IN CASE OF

Stephen B. Hicks
Co. H, 74 Regt. Pa. Light

Applicant for Original

No. *1013341*

DATE OF EXAMINATION:

March 18th, 189*6*

J. H. Steele, Pres.,
Geo. H. Hackett, Sec'y,
Thos. J. Shreve, Treas.,

BOARD.

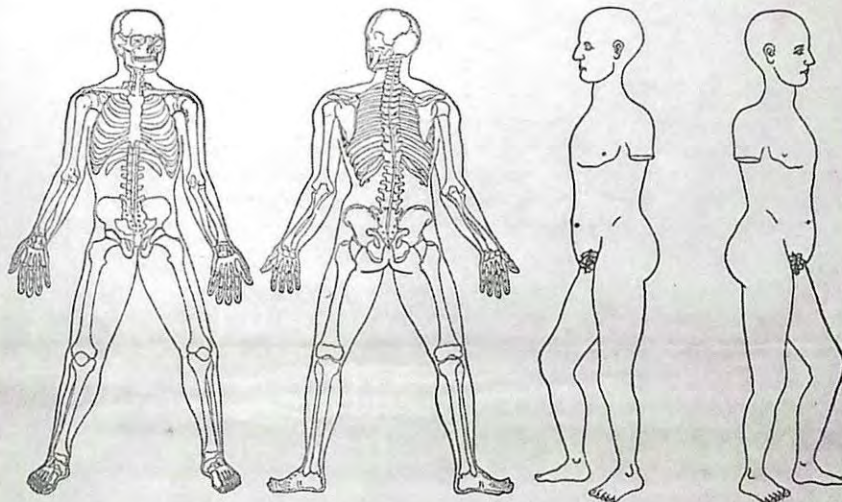
Post office, *Washington*

County, *Carroll*

State, *Maryland*

P. S.—Write your Post-office address plainly and in full.

White



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1892.]

Bureau of Pensions,
1

Old law claim
submitted for
rejection on the
ground of claimant
declared inability
to furnish the
evidence necessary
to establish claim;
see his affidavit
filed Apr. 10/95.

OK of

May 5/96.

ORIGINAL INVALID CLAIM.

1083541.

Soldier, *Mahlon B. Hicks*
 P. O., *Coring* Rank, *2^d Lieut.*
 County, *Baltimore* Company, *16*
 State, *Md.* Regiment, *178 Pa. Vol. Inf.*
 Rates, \$ per month, commencing

Pensioned for

RECOGNIZED ATTORNEY.

Name, *A. C. Lloyd* Fee, \$, Agent to pay.
 P. O., *Baltimore, Md.* Articles filed , 18

APPROVALS.

Approved for
 Submitted *Rep. May 5*, 1896, *P. H. Stagg*, Examiner.

M. S. D.
 Approved for *rejection for wound in left*
hand on ground of no reasonable
evidence, declared inability to per-
form the necessary evidence to
show origin in service and
line of duty.

May 15 1896 *Bennett* Legal Reviewer, Med. Ex'r, Med. Reviewer,
Aug 6 1896 " " " " " "
 189 , Re-Reviewer, 189 , Med. Referee.

IMPORTANT DATES.

Enlisted, *Oct 22*, 1862 subsequent service from *Mar. 9*
 Mustered , 18 to *Aug. 29*, 1865 in
 Discharged *July 27*, 1863 *Co. A 74 Pa. Vol. Inf.*
 Declaration filed *July 26*, 1895 Not in service since *Aug. 29*, 1865.

BASIS OF CLAIM.

At White House Landing, Va., July 9, 1863, he was
wounded in left hand, causing a shrinkage of
the muscles and loss of power in the hand.

*Writes**No M. C.*

ACT OF JUNE 27, 1890.

M INVALID PENSION. 1083041.

✓ Claimant, Mahlon B. Hicks, Two Briefs
 P. O., Boring, Rank, Private
 County, Baltimore, Company, A,
 State, Md. Regiment, 74 Pa. Vol. Inf.

Rate, \$....., per month, commencing

Disabled by

RECOGNIZED ATTORNEY.

Name, A. P. Lloyd, Fee, \$ ✓ Agent to pay.
 P. O., Baltimore, Md. Articles filed, ✓, 189..

APPROVALS.

Submitted for Rej. May 5, 189.. 6. PKHagg, Examiner.

Approved for rejection of lumbago,
chorea, 9. S. M. of left hand
affection of heart and chest.
No rotatable disability under Act
of June 27, 1890. See approval
of Mar. Ref.

Approved for Rejection
No rotatable disability under
Act of June 27th 1890.

Lorror. M. G.

Medical Referee.

Aug 6, 189.6 Burnett Aug 4, 189.6

Not now pensioned under other laws. Last paid to....., 18....., at \$.....

Pensioned from....., 18....., at \$....., for.....

SERVICE SHOWN BY RECORD.

Enlisted Oct. 22, 1862..... honorably discharged July 27, 1863;Re-enlisted Mar. 9, 1865..... honorably discharged Aug. 29, 1865.Declaration filed Oct. 18, 1895, alleges permanent disability, not due to vicious habits,

from lumbago, rheumatism, gunshot wound of
left hand, affection of heart and chest.

Writes.

No m. l.

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. original Pension Claim No. 1083,541
[Indicate whether for original, increase, or restoration.]
 Name and rank of claimant. Maxton B. Hicks, Rank, Private
 Company A, 74th Reg't Pa. Inf. Baltimore, Md State,
 Claimant's post-office address. Boring, Balto Co. Md July 1st 1896
[Post-office address of the board.]
[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

in the service, viz: gun-shot wound of left hand - rheumatism - lumbago - affection of heart and chest

and that he receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for original
He has a gun shot wound of left hand
and rheumatism - lumbago and heart
trouble
[Original, increase, restoration, &c.]

Upon examination we find the following objective conditions: Pulse rate, 75; respiration, 22; temperature, 98; height, 5 feet 9 inches; weight, 165 pounds; age, 59 years. General physical condition good
Gun-shot wound of left hand - Over the 2nd
metacarpal bone of left hand about one inch above
the 2nd metacarpophalangeal joint there is a linear scar
one inch in length, with slight contraction & loss of tissue
in consequence of this injury the motion of flexion of left wrist
joint is impaired to a slight degree - extension is perfect
The thumb can be flexed & made to touch the metacarpophalangeal joint of little finger but with difficulty. The
left index finger can be flexed only to within one inch
of palm of hand. The measurement of forearm is
the same in length. The motion of middle, ring and
little fingers is unimpaired. The grasp of hand is
only partially lost - Rate 9/10.

Rheumatism - There is rheumatic corniness over the left
shoulder joint without enlargement of joint or atrophy
or swelling of muscles. There is stiffness of joint with
exquisite pain & slight contraction & the motion of
flexion is slightly impaired, so that the hand of in-
jured side cannot touch the left shoulder within
one inch - Rate 9/10.

Lumbago - There is slight rheumatic corniness through
both lumbar muscles without atrophy or swelling. There
is some stiffness and pain is complained of upon
sloping & rising - Rate 7/10.
Affection of heart & chest - The heart is normal and

A. H. Saxton, Pres. H. A. Janett, Sec'y. B. C. Ireland, Treas.

N. B. - Always forward a certificate of examination whether a disability is found to exist or not.

Continue record of examination here.

There are no objection symptoms of chest affection.
 No other disability is found to exist.
 No evidence of vicious habits.
 The soldier is not wholly incapacitated for earning his support by manual labor. His occupation is farm laborer, and though the grasp of left hand is incomplete, we think he is able to follow his occupation. His palms are soft. His nutrition & muscular development are excellent. His general physical appearance denotes health.



SURGEON'S CERTIFICATE

IN CASE OF

Maxwell B. Hicks
Co. A 74 Reg't Pa. Inf.

Applicant for

No. 1053.541

DATE OF EXAMINATION:

July 1st, 189*6*

A. G. Parsons, Pres.,
H. J. Capwell, Sec'y,
R. C. Deane, Treas.,

BOARD.

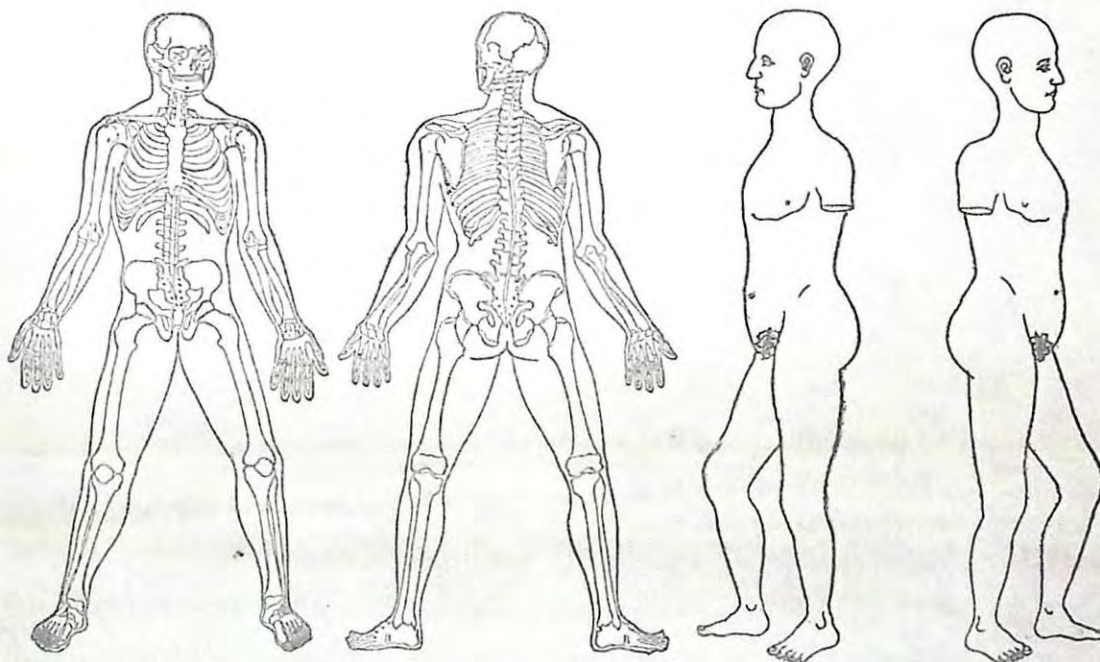
Post office, *Balto*

County, _____

State, *Md*

P. S.—Write your Post-office address plainly and in full.

Joseph Perin



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

Execute this paper
before some officer
having a seal.

Act of June 27, 1890.

Supplemental Declaration for Invalid Pension.

STATE OF Maryland }
COUNTY OF Baltimore } SS:

On this 16th day of November, A. D. one thousand eight hundred and ninety six
personally appeared before me, a Justice of the Peace
within and for the county and State aforesaid, Mahlon B. Hicks
(Claimant's name here.)
aged 59 years, a resident of Shawon, County of Baltimore
(Age.) (Place of residence here.) (Name of County here.)

State of Maryland, who, being duly sworn according to law, declares that he is the identical
(Name of State here.) Mahlon B. Hicks who was enrolled on the 28th day
(Claimant's name here.)
of October, 1862, in Co. 26th Pa. Regt. Inf. as 1st Sergeant, afterwards 2nd Lieut.
(Month.) (Year.) (Here state rank, company and regiment in Military service, or vessel if in the Navy.)
in the War of the Rebellion and served at least ninety days, and was Honorably Discharged at
Blairsville, Pa. on the 27th day of July, 1863
(State place when discharged.) (Month.) (Year.)

That he was disabled for earning a support by manual labor in a degree entitling him to a pension on the
16th day of Jan., 1892, the date of filing his Original Declaration, by reason of the following disa-
bilities: gun shot wound in the left hand July 3rd 1863
Rheumatism, Lumbago & Co. Gripp Loss of grip of the left hand
Shrinkage of muscles, due from the above wound & alleged
(Here name all the wounds, injuries or diseases from which you now suffer.)
incurred at or near the White House, Landing Co. Rheumatism Lumbago
(Here state at or near what place each disability was incurred.)
and Co. Gripp at Pottsville, Baltimore County Md.
on the 2nd day of Nov. 1863.
(Here state as in your case when each disability was incurred and give circumstances of incurrence.)

That he is also disabled for earning a support by being afflicted with Rheumatism, Lumbago
Co. Gripp
(Here state all disabilities incurred since filing your Original Declaration.)
incurred about Nov. 7th 1893, under the following circumstances: by being compelled
(Here state the circumstances)
to work during cold and wet weather, and largely for a severe attack of Gripp
(Here state when each disability was incurred.)

That he has not been in the Military or Naval service otherwise than as above set forth - from March
1865 in Co. 24th Pa. Regt. Inf. discharged at Blairsville Pa. Aug. 27th 1865
(If you have rendered other service state date of enlistment and discharge and give company and regiment, or if in the Navy state the name of the vessel.)

That said disabilities have continued to exist up to the present time, and are not due to vicious habits, and
are, to the best of his knowledge and belief, permanent, and that he is now wholly disabled for earn-
(Partially or wholly.)
ing a support by manual labor in consequence of same.

That the No. of his Pension Claim is 1,083,541
(If you have applied for pension state No. of claim here.)

That he makes this supplemental declaration for the purpose of re-opening his claim, and being placed on the
pension-roll of the United States under the provisions of the Act of June 27, 1890. He hereby appoints

J. B. CRALLE & CO.,

CLAIM & PENSION ATTORNEYS, CRALLE BUILDING,
108 C street N. W., Washington, D. C., his true and lawful attorneys to prosecute his claim, and he hereby
agrees to allow said attorneys the lawful fee of Ten Dollars when his pension is allowed. That his Postoffice
address is Shawon, County of Baltimore
(Claimant's P. O. address here.) (Name of County here.)

State of Maryland
(Name of State here.)

Attest Mary E. Brown Mahlon B. Hicks
(First witness sign here.) (Claimant's signature.)

David O. Brunner
second witness sign here

Write in ALL of your Disabilities, whether Wounds, Injuries or Diseases, as under the New Law (Act of June 27th, 1890), it makes no difference whether they were incurred during your service or since your discharge, provided they are not due to vicious [bad] habits.

Also personally appeared Mary E. Brown residing at Woodstock, Ind.
(Name of first witness.)
and David O. Brown, residing at Boring, Ind.
(Name of second witness.)

persons whom I certify to be respectable and entitled to credit and who, being by me duly sworn, say
present and saw Mahlon B. Hicks, the claimant, sign his name (or make his mark)
(Claimant's name here.)
foregoing declaration; that they have every reason to believe from the appearance of said claimant and their
ance with him for 6 years and 8 years respectively, that he is the identical
he represents himself to be; and that they have no interest in the prosecution of this claim.

Mary E. Brown
David O. Brown
(Signatures of witnesses.)

Sworn to and subscribed before me this 16th day of November, A. D. 1891

hereby certify that the contents of the above declaration, &c., were fully made known and explained
to the applicant and witnesses before swearing, including the words

(L. S.) erased, and the words _____ added; and that I
interest, direct or indirect, in the prosecution of this claim.

(Certificate on file) Samuel H. Brown
(Signature.)
Justice of the Peace
(Official Character.)

Under Act of September 1, 1890, all applications for pensions may be executed before any officer
authorized to administer oaths. It is not necessary now that the officer should have a seal, or that one should
be attached showing his official capacity. You may, therefore, execute this paper before any Notary, Justice,
or other officer who is most convenient to you.

Supplemental
Application for Invalid Pension.
OF JUNE 27, 1890.

Regt. _____
Vols. _____

1783.541

RECEIVED
NOV 18 1891

FILED BY
RECEIVED.

B. Cralle & Co.,
SOLICITORS AT LAW,
CRALLE BUILDING,
311 N. W. WASHINGTON, D. C.
20 1896
RECEIVED.

The rates under the act are graded from \$6 to \$12 proportioned to the degree of inability to earn a support and
are not affected by the rank held.

A pensioner under existing laws may apply under this one, or a pensioner under this one may apply under
other laws, but he cannot draw more than ONE pension for the same period.

Fill up the blank carefully, and be particular to give the certificate number if you are a pensioner, and if not
the number of your application if you have made application.

PHYSICIAN'S AFFIDAVIT.

PROOF OF PHYSICAL OR MENTAL DISABILITY

Act of June 27, 1890.

IMPORTANT.—The affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions must be carefully observed before writing out the statement.

State of Maryland County of Baltimore

In the matter of the application for pension of Mathew B. Hicks
224 South 1st St. Baltimore, Md.

On this 12th day of December, A. D., 1896, personally appeared before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths, Dr. Jas. H. Wilson, aged 57 years, a resident of Drumharry in the County of Baltimore and State of Maryland, whose Postoffice address is Drumharry and well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

That he has known Mathew B. Hicks for 12 or 12 years and has treated him frequently, for la-grip, and afterwards for Lumbago and general Rheumatism, which has affected his spine and the free action of his joints. He was attacked with Rheumatism and Lumbago last December, and was confined to the house until March.

He is also suffering from a gunshot wound of the left hand, which affects the nerve of that hand, which has caused the atrophy of the muscle, and causing the loss of grip of that hand, which disability is of a permanent character.

He has suffered from Rheumatism since the fall of 1893 up to the present time, which disability prevents him from ^{performing} manual labor to a sufficient extent to make a living for his family.

He knows the disability exists from being his family physician, and knows they are not due to vicious habits. He writes this declaration with his own hand without aid or dictation.

Instructions!
Read
Carefully.

The physician making a statement on this blank should state fully and explicitly all the disabilities of a permanent character, either mental or physical, from which the claimant has suffered from date of filing his application

up to the present time, and to what extent, in his opinion, the claimant has been disabled by reason of said disabilities for the performance of manual labor (hard work), whether 1, 2, 3, or entirely, as the case may be.

He should also particularly state that the disabilities are not due to vicious habits, in as a matter of fact, they are not.

ACT OF JUNE 27, 1890.
PHYSICIAN'S AFFIDAVIT.

CLAIM OF

Charles H. Wilson
Late..... in Co. Reg't.
of

FOR

ORIGINAL INVALID PENSION.

No.



FILED BY

J. B. Cralle & Co.,
Pension Attorneys,
CRALLE BUILDING,
108 C Street, N. W.,
WASHINGTON, D. C.

He further declares that he has practiced medicine..... 27 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Geo. H. Wilson M.D.
Affiant's Signature.

Sworn to and subscribed before me this..... 4th day of December....., A. D. 1896,
and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, etc., were fully made known to him before swearing, including all the words.....
..... erased, and all the words.....
added, and that I have no interest, either direct or indirect, in the prosecution of this claim.

Samuel H. Brown
Official Signature.

Justice of the Peace
Official Character.

[L. S.]

(Certificate on file.)

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes.

FILED TO COVER DATE.

PHYSICIAN'S AFFIDAVIT.
PROOF OF PHYSICAL OR MENTAL DISABILITY
Act of June 27, 1890.

IMPORTANT.—The affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions must be carefully observed before writing out the statement.

State of Maryland County of Baltimore

In the matter of the application for pension of William H. Dick
of Locust St. No. 1794 Baltimore Md. Co. 74th Par. T. Co.

On this 5th day of January, A. D., 1897, personally appeared before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths, Dr. J. B. Brach, aged 36 years, a resident of Butter in the County of Baltimore and State of Maryland, whose Postoffice address is Butter Baltimore Co. Md and well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

Instructions!
Read
Carefully.

The physician making a statement on this blank should state fully and explicitly all the disabilities of a permanent character, either mental or physical, from which the claimant has suffered from date of filing his application

up to the present time, and to what extent, in his opinion, the claimant has been disabled by reason of said disabilities for the performance of manual labor (hard work), whether 1, 2, 3, 4, or entirely, as the case may be.

He should also particularly state that the disabilities are not due to vicious habits, if, as a matter of fact, they are not.

I have known claimant for one year. And find upon Examination. An injury to tissues and bone of Metacarpal bone of left index finger with atrophy of hand making the hand weak interfering with the general usefulness of hands particularly for manual labor. Also That the Claimant claims to suffer from rheumatism of lumbar muscles (lumbago) to such an extent as to prevent him from pursuing his trade (Painting) or other manual labor —

I consider the Claimant as entitled to halfrate pension by reason of the above disabilities.

I also declare that I have written the above affidavit, and have not been aided or prompted by any written or printed statement or recital prepared or dictated by any one — and that the Applicant is not addicted to intemperance or vicious habits.

[Handwritten signature]

PHYSICIAN'S AFFIDAVIT.

CLAIM OF

Lat. *28° 20' N* Long. *118° 15' W* Reg't. *118*

of ----- Vols.

FOR

ORIGINAL INVALID PENSION.

No. 47627



RECEIVED BY

J. B. Cralle & Co.,
Pension Attorneys,
CRALLE BUILDING,
108 C Street, N. W.,
WASHINGTON, D. C.

Attention is called to the outlines of the human skeleton and figure upon the back of this certificate and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc. The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. *Original*
 Name and rank of claimant. *Walton B. Byck*
 Company *A, 74 Regt Va. Inf.* Rank, *Private*
 Claimant's post office address. *Shawman Balto. Co. Md.* *Baltimore Md.* State,
 [Date of examination of the Board.] *January 30*, 1897.

We hereby certify that in compliance with the requirements of the law we have carefully

examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: *Wound in left hand rheumatism lumbago -*
Loss of grip of left hand and shrinkage of muscles
the result of wound - degree more or less habit.

He makes the following statement upon which he bases his claim for *Original*
Claimant states he earns his support by
general labor averaging 27 per week.
Physique and appearance good.

Here give the claimant's statement as briefly and as completely as possible.

Upon examination we find the following objective conditions: Pulse rate, *72*; respiration, *20*; temperature, *98*; height, *5* feet *8 1/2* inches; weight, *168* pounds; age, *60* years.

Here give a full description of the disability, in accordance with items of instructions.

The actual or probability of every existing disability must be fully set forth. When a disability is shown, or is believed to be due to an aggravated by vicious habit, the opinion of the Surgeon General is required. When not due to such habits this fact must be stated.

Each disability must be rated separately by the Board of March 2, 1905, requiring that the report of such examination shall be a full statement of the disability which, in their judgment, the applicant is entitled to.

Wound in left hand - We discover a small superficial scar between the thumb and index finger left hand - does not interfere with free use of member no shrinkage of muscles - No Rating.
Rheumatism - We discover considerable congestion about the left shoulder joint and a marked stiffness due to rheumatism - the affected shoulder joint measures 16 inches in circumference while opposite member measures 15 - other muscles joints and tendons normal in size and action - girth and action of heart normal - Rating 4/18
Lumbago - No pain over lumbar muscles or along the spine - not material - No Rating.
La Grippe - Had an attack of La Grippe not to go - the respiratory membrane both lungs is normal - No Rating.
Loss of grip of left hand and shrinkage of muscles resulting from wound - We can discover no evidence of shrinkage of muscles the result of wound of hand - not material. No Rating.
No signs of vicious habits

J. D. Morris, Pres. *John A. Kay*, Sec'y. *John A. Kay*, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. If sufficient space is not afforded for the necessary statements called for, additional paper should be neatly attached.

(This certificate to be filled in and signed by the secretary when full board is present.)

"I hereby certify that Dr. *James*, Dr. *John*, and Dr. *Robert* were personally present and actually participated in the examination of *M. B. Bickel*, the claimant in this case, on *30th* day of *January*, 189*7*."

(Signature.)

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 18 ____."

(Signature.)



SURGEON'S CERTIFICATE

IN CASE OF

Maxim B. Bickel
Co. *A*, 74 Reg't. *Dr. Bickel*

Applicant for Original.

No. *108 3541*

DATE OF EXAMINATION:

January 30, 1897.

2nd Board,
Robert Pres.,
Robert Sec'y,
John Treas.

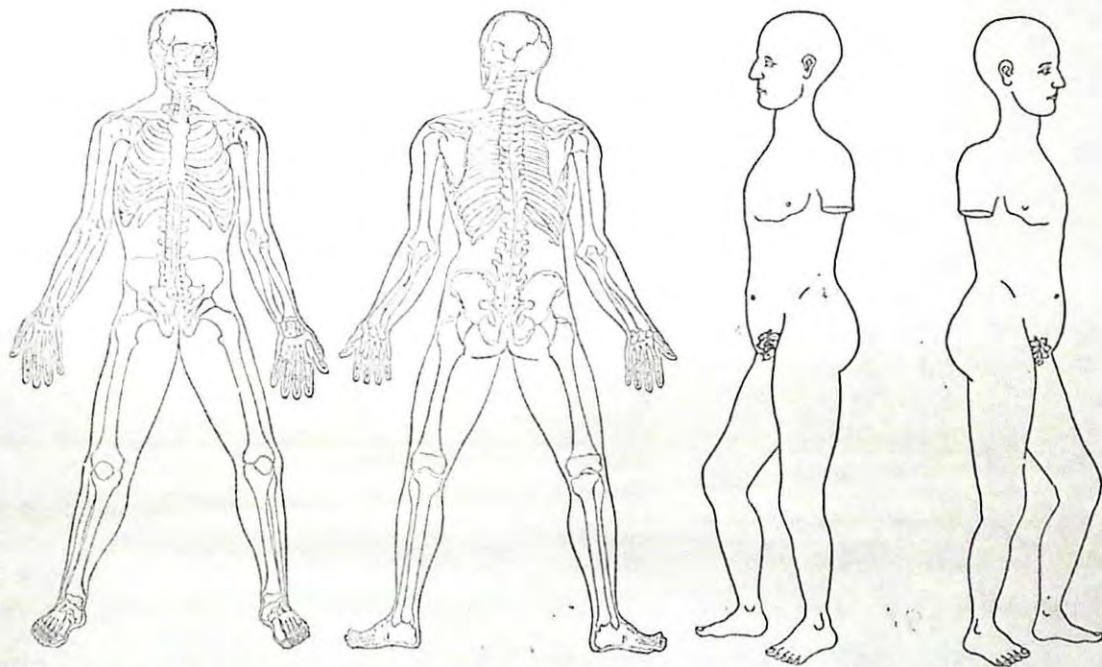
Post office, *Baltimore*

County, _____

State, *Maryland.*

P. S.—Write your Post-office address plainly and in full.

Joseph *Post-office*



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1832.]

Power of Attorney and Fee Agreement

L.M.B.

This form of fee contract is prescribed by the Commissioner of Pensions and approved by the Secretary of the Interior July 8, 1884, under the provisions of the act of Congress approved July 4, 1884.

TO BE EXECUTED IN DUPLICATE WITHOUT ADDITIONAL COST TO CLAIMANT.

ATTY FILED

Articles of Agreement.

WHEREAS I, Mahlon B. Hicks, of Baltimore, Md., late a Private in Company B Co 4th of the 17th Regiment of Indiana Inf. Volunteers, War of Rebellion, having made application for pension under the laws of the United States—

NOW, THIS AGREEMENT WITNESSETH: That for and in consideration of services done and to be done in the premises, I hereby agree to allow my agents, J. B. CRALLE & CO., of Washington, D. C., the fee of TWENTY-FIVE DOLLARS, which shall include all amounts paid and to be paid for any services in the furtherance of said claim; and said fee shall not be demanded by or payable to my said agents, in whole or in part, except in case of the granting of my pension by the Commissioner of Pensions, and that the same shall be paid to them in accordance with the provisions of Sections 4768 and 4769 of the Revised Statutes, U. S.

Mary E. Brown
Charlotte C. Brown
Signature of two witnesses.

Mahlon B. Hicks
Signature of Claimant.
Shannon, Baltimore County
Postoffice address.
Maryland

State of Maryland, County of Baltimore, ss:

BE IT KNOWN, that on this the 29th day of March, A. D. 1897, personally appeared Mahlon B. Hicks, the above named, who, after having had read over to him in the hearing and presence of the two attesting witnesses, the contents of the foregoing articles of agreement, voluntarily signed and acknowledged the same to be his free act and deed.

certified to on file to cover date
of 29th March 1897
Shannon H. Brown
(Official Signature.)

ATTORNEYS' ACCEPTANCE,

No portion of which is to be used by the Claimant under any Circumstances.

AND NOW, to wit, this 29th day of April, A. D. 1897, we accept the provisions contained in the foregoing articles of agreement, and will, to the best of our ability, endeavor faithfully to represent the interest of the claimant in the premises, and we hereby certify that we have received from the claimant above named the sum of nothing dollars, and no more; nothing dollars being for fee, and the sum of nothing dollars being for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant as required by law, in excess of the fee above named, the said agents making no charge therefor.

[Signature]
Signature of Attorneys.

Witness our hand the year and day above written.

DISTRICT OF COLUMBIA, ss:

Personally came J. B. CRALLE & CO., whom I know to be the persons they represent themselves to be, and who having signed above acceptance of agreement, acknowledged the same to be their free act and deed,

[L. S.]

Rutha A. Dana
(Official Signature.)

APPROVED FOR _____ DOLLARS, and payable to J. B. CRALLE & CO., of Washington, D. C., the recognized attorneys.

Commissioner of Pensions.

SEE AGREEMENT.

No. 1083541

CLAIM OF

Charles D. Hedges

Late of the Co. of 178 Reg't.

of the 1st Reg't.

of the 1st Reg't.

FOR PENSION.

NATURE OF CLAIM.

Supplemental Pension

FILED BY

J. B. Crahan & Co.,

Pension Attorneys,

CRAHAN BUILDING,

108 C Street, N. W.,

WASHINGTON, D. C.

NOTICE TO CLAIMANT.

This Contract is Permissible under the Law, but not Compulsory.

READ THE FOLLOWING COPY OF THE STATUTE:

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

Sec. 3. That Section 4785 of the Revised Statutes is hereby re-enacted and amended so as to read as follows:

"Sec. 4785. No agent or attorney or other person shall demand or receive any other compensation for his services in prosecuting a claim for pension or bounty land than such as the Commissioner of Pensions shall direct to be paid to him, not exceeding \$25; nor shall such agent, attorney or other person demand or receive such compensation, in whole or in part, until such pension or bounty land claim shall be allowed: *Provided*, That in all claims allowed since June 20, 1878, where it shall appear to the satisfaction of the Commissioner of Pensions that the fee of \$10, or any part thereof, has not been paid, he shall cause the same to be deducted from the pension and the pension agent to pay the same to the recognized attorney."

Sec. 4. That Section 4786 of the Revised Statutes is hereby amended so as to read as follows:

Sec. 4786. The agent or attorney of record in the prosecution of the case may cause to be filed with the Commissioner of Pensions duplicate articles of agreement without additional cost to the claimant, setting forth the fee agreed upon by the parties, which agreement shall be executed in the presence of and certified by some officer competent to administer oaths. In all cases where application is made for pension or bounty land, and no agreement is filed with the Commissioner as herein provided, the fee shall be \$10 and no more. And such articles of agreement as may hereafter be filed with the Commissioner of Pensions are not authorized, nor will they be recognized, except in claims for original pension, claims for increase of pension on account of new disability, in claims for restoration where a pensioner's name has been or may hereafter be dropped from the pension rolls on testimony taken by a special examiner showing that the disability or cause of death, on account of which the pension was allowed, did not originate in the line of duty, and in cases of dependent relatives whose names have been or may hereafter be dropped from the rolls on like testimony, upon the ground of non-dependence, and in such other cases of difficulty and trouble as the Commissioner of Pensions may see fit to recognize them: *Provided*, That no greater fee than \$10 shall be demanded, received or allowed in any claim for pension or bounty land granted by special act of Congress, nor in any claim for increase of pension on account of the increase of the disability for which the pension has been allowed: *And provided further*, That no fee shall be demanded, received or allowed in any claim for arrears of pension or arrears of increase of pension allowed by any act of Congress passed subsequent to the date of the allowance of the original claims in which such arrears of pension or of increase of pension may be allowed."

And if in the adjudication of any claim for pension in which such articles of agreement have been or may hereafter be filed it shall appear that the claimant had, prior to the execution thereof, paid to the attorney any sum for his services in such claim, and the amount so paid is not stipulated therein, then every such claim shall be adjudicated in the same manner as though no articles of agreement had been filed, deducting from the fee of \$10 allowed by law such sum as claimant shall show that he has paid to his said attorney.

Any agent or attorney or other person instrumental in prosecuting any claim for pension or bounty land who shall directly or indirectly contract for, demand, or receive or retain any greater compensation for his services or instrumentality in prosecuting a claim for pension or bounty land than is herein provided, or for payment thereof at any other time or in any other manner than is herein provided, or who shall wrongfully withhold from a pensioner or claimant the whole or any part of the pension or claim allowed and due such pensioner or claimant, or the land warrant issued to any such claimant, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall for every such offense be fined not exceeding \$500, or imprisoned at hard labor not exceeding two years, or both in the discretion of the court.

APPROVED July 4, 1884.

FEE AGREEMENT.

No.



CLAIM OF

.....
.....
Late in Co. Reg'l.
of Vols.

FOR PENSION.

NATURE OF CLAIM.

— 0 —



FILED BY

L. B. Cralle & Co.,
Pension Attorneys,
CRALLE BUILDING,
108 C Street, N. W.,
WASHINGTON, D. C.

Power of Attorney and Fee Agreement

L.M.B.

This form of fee contract is prescribed by the Commissioner of Pensions and approved by the Secretary of the Interior July 8, 1884, under the provisions of the act of Congress approved July 4, 1884.

TO BE EXECUTED IN DUPLICATE WITHOUT ADDITIONAL COST TO CLAIMANT.

Articles of Agreement.

WHEREAS I, Mahlon B. Hicks of Barrington
Baltimore Co Md.
late a 2^d Lieut in Company H of the 178th Regiment of
Bruna Buff & Co - 44th Regt Volunteers, War of Rebellion, having made application

ATTY FILED

NOTICE TO CLAIMANT.

This Contract is Permissible under the Law, but not Compulsory.

READ THE FOLLOWING COPY OF THE STATUTE:

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, **

Sec. 3. That Section 4785 of the Revised Statutes is hereby re-enacted and amended so as to read as follows:

"Sec. 4785. No agent or attorney or other person shall demand or receive any other compensation for his services in prosecuting a claim for pension or bounty land than such as the Commissioner of Pensions shall direct to be paid to him, not exceeding \$25; nor shall such agent, attorney or other person demand or receive such compensation, in whole or in part, until such pension or bounty land claim shall be allowed: *Provided*, That in all claims allowed since June 20, 1878, where it shall appear to the satisfaction of the Commissioner of Pensions that the fee of \$10, or any part thereof, has not been paid, he shall cause the same to be deducted from the pension and the pension agent to pay the same to the recognized attorney."

Sec. 4. That Section 4786 of the Revised Statutes is hereby amended so as to read as follows:

Sec. 4786. The agent or attorney of record in the prosecution of the case *may cause to be filed with the Commissioner of Pensions duplicate articles of agreement without additional cost to the claimant, setting forth the fee agreed upon by the parties, which agreement shall be executed in the presence of and certified by some officer competent to administer oaths. In all cases where application is made for pension or bounty land, and no agreement is filed with the Commissioner as herein provided, the fee shall be \$10 and no more.* And such articles of agreement as may hereafter be filed with the Commissioner of Pensions are not authorized, nor will they be recognized, except in claims for original pension, claims for increase of pension on account of new disability, in claims for restoration where a pensioner's name has been or may hereafter be dropped from the pension rolls on testimony taken by a special examiner showing that the disability or cause of death, on account of which the pension was allowed, did not originate in the line of duty, and in cases of dependent relatives whose names have been or may hereafter be dropped from the rolls on like testimony, upon the ground of non-dependence, and in such other cases of difficulty and trouble as the Commissioner of Pensions may see fit to recognize them: *Provided*, That no greater fee than \$10 shall be demanded, received or allowed in any claim for pension or bounty land granted by special act of Congress, nor in any claim for increase of pension on account of the increase of the disability for which the pension has been allowed: *And provided further*, That no fee shall be demanded, received or allowed in any claim for arrears of pension or arrears of increase of pension allowed by any act of Congress passed subsequent to the date of the allowance of the original claims in which such arrears of pension or of increase of pension may be allowed."

And if in the adjudication of any claim for pension in which such articles of agreement have been or may hereafter be filed it shall appear that the claimant had, prior to the execution thereof, paid to the attorney any sum for his services in such claim, and the amount so paid is not stipulated therein, then every such claim shall be adjudicated in the same manner as though no articles of agreement had been filed, deducting from the fee of \$10 allowed by law such sum as claimant shall show that he has paid to his said attorney.

Any agent or attorney or other person instrumental in prosecuting any claim for pension or bounty land who shall directly or indirectly contract for, demand, or receive or retain any greater compensation for his services or instrumentality in prosecuting a claim for pension or bounty land than is herein provided, or for payment thereof at any other time or in any other manner than is herein provided, or who shall wrongfully withhold from a pensioner or claimant the whole or any part of the pension or claim allowed and due such pensioner or claimant, or the land warrant issued to any such claimant, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall for every such offense be fined not exceeding \$500, or imprisoned at hard labor not exceeding two years, or both in the discretion of the court.

APPROVED July 4, 1884.

for pension under the laws of the United States—

NOW, THIS AGREEMENT WITNESSETH: That for and in consideration of services done and to be done in the premises, I hereby agree to allow my agents, J. B. CRALLE & CO., of Washington, D. C., the fee of TWENTY-FIVE DOLLARS, which shall include all amounts paid and to be paid for any services in the furtherance of said claim; and said fee shall not be demanded by or payable to my said agents, in whole or in part, except in case of the granting of my pension by the Commissioner of Pensions, and that the same shall be paid to them in accordance with the provisions of Sections 4768 and 4769 of the Revised Statutes, U. S.

Mary E. Brown
Charles Brown
Signature of two witnesses.

Mahlon B. Hicks
Signature of Claimant.
Shawano, Baltimore County
Postoffice address. Md.

State of Maryland, County of Baltimore, ss:

BE IT KNOWN, that on this the 25th day of March, A. D. 1897 personally appeared Mahlon B. Hicks, the above named, who, after having had read over to him in the hearing and presence of the two attesting witnesses, the contents of the foregoing articles of agreement, voluntarily signed and acknowledged the same to be his free act and deed.

[L. S.] Record Division.
Certificate on file

Samuel H. Brown J. P.
(Official Signature.)

ATTORNEYS' ACCEPTANCE,

No portion of which is to be used by the Claimant under any Circumstances.

AND NOW, to wit, this 29th day of April, A. D. 1897, we accept the provisions contained in the foregoing articles of agreement, and will, to the best of our ability, endeavor faithfully to represent the interest of the claimant in the premises, and we hereby certify that we have received from the claimant above named the sum of nothing dollars, and no more; nothing dollars being for fee, and the sum of nothing dollars being for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above named, the said agents making no charge therefor.

[Signature]
Signature of Attorneys.

Witness our hand the year and day above written.

DISTRICT OF COLUMBIA, ss:

Personally came J. B. CRALLE & CO., whom I know to be the persons they represent themselves to be, and who having signed above acceptance of agreement, acknowledged the same to be their free act and deed,

[L. S.]

Betha L. Dana
(Official Signature.)

APPROVED FOR..... DOLLARS, and payable to J. B. CRALLE & CO., of Washington, D. C., the recognized attorneys.

.....
Commissioner of Pensions.

No. 3.

FOR THE AFFIDAVIT OF AN OFFICER, ORDERLY SERGEANT OR COMRADE,
As to Incurrence of Claimant's Disability or Disabilities.

The person making affidavit on this blank should be careful to fill in all the blank spaces as fully as possible. The paper may be sworn to before any officer authorized to administer oaths, whether he uses a seal or not.

State of Pennsylvania County of Columbia

In the Pension Claim No. 11835 of Mahlon B. Hicks
late a 2nd Lt. in Co. H of the 178 Reg't. of Pa. Inf. Vols.,

personally appeared before me, a Justice of the Peace in and for the aforesaid County, duly
authorized to administer oaths Jacob Weiss aged 67 years, a resident of

Foundryville in the County of Columbia and
County here.

State of Pennsylvania who being duly sworn, according to law, states that he was a

Sergeant in Co. H of the 178 Reg't. of Pa. Inf. Vols.,

and was well acquainted with Mahlon B. Hicks this applicant for Pension, and
Here affiant should state claimant's name.

know him to be the identical person of that name who served as a 2nd Lt. in Company H

178 Regiment of Pa. Inf. Vols.
Here name the State to which Reg't. was accredited, and whether Infantry, Cavalry or Artillery.

THAT THE SAID Mahlon B. Hicks while in the line of duty,
Claimant's Name here.

incurred a gun shot wound of the left hand
Here state the wound, injury or disease claimant first incurred.

at or near The White House Landing of Pa. on or about
State at or near what place claimant incurred his disability. Name of State.

the 3d day of July year of 1863, under the following circumstances: while
Day. Month or season. Year. Here state all of the circum-

Commanding Left of picket line from some concealed
stances under which claimant incurred the disability. Write them out as fully as you can.

position

CLAIMANT ALSO INCURRED
Here state the second disability claimant incurred, if he incurred more than one.

at or near State of on or about
State at or near what place claimant incurred his disability. Name of State.

the day of year of 1863, under the following circumstances:
Day. Month or season. Year. Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you possibly can.

THIRD DISABILITY
Here state the third disability claimant incurred, if he incurred more than two.

incurred at or near State of on or about
State at or near what place claimant incurred his disability. Name of State.

the day of year of 1863, under the following circumstances:
Day. Month or season. Year. Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you possibly can.

FOURTH DISABILITY
Here state the fourth disability claimant incurred, if he incurred more than three.

incurred at or near State of on or about
State at or near what place claimant incurred his disability. Name of State.

the day of year of 1863, under the following circumstances:
Day. Month or season. Year. Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you possibly can.

That claimant's disabilities existed up to and at the date of discharge
Here state "of discharge," if you know his disabilities existed at that

time, and if you do not know it, state why you have no knowledge of that fact.

That the facts are personally known to the affiant by reason of being sergeant of Co. H.
The affiant should here state his rank, Co. and Reg't. and whether he was with the

178. Regt. Pa. I n. f. t. and was without command at the time when
command at the time the claimant contracted his disability, and if he saw claimant when he was first taken sick, and how he was affected, and in fact, at
The wound was incurred it was on the left hand between the
the circumstances he can possibly remember touching the claimant's incurrence of his disability. In case of rupture, wound or injury, affiant should state
knuckle of the first finger and joint of the wrist
If he saw the same at the time it was incurred, or seen after, or at any time during the service, and should, if possible, describe its location and appearance

All the facts known to affiant relative to soldier's medical treatment for his disability while in the service should be stated, giving time and place, if possible.

And deponent further states that he is totally disinterested in this claim, and that this affidavit was written by: Johas C. Hicks in the present of Helinda Weiss
with my dictation

Postoffice address of affiant is Groundville Col. Co. Pa

Helinda Weiss
If affiant signs by mark, two persons who can write sign here.

Jacob Weiss
Signature of Affiant.

State of Pennsylvania, County of Columbia, ss:

Sworn to and subscribed before me this 17th day of May, A. D. 1897,
by the above-named affiant, and I certify that I read said affidavit to said affiant, including all the words
erased,
and all the words added, and acquainted
with its contents before he executed the same. I further certify that I am in nowise interested
in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me,
and that He is credible person.

(L. S.)

F. R. Kitchen
Official Signature.
Justice of the Peace
Official Character.

State of Pennsylvania, Columbia County, ss.

I, N. H. Hurie Prothonotary of the Court of Common
Pleas, the same being a Court of Record, in and for said County and
State, do hereby certify, that F. R. Kitchen
Esq., before whom the annexed instrument of writing was proved, or
acknowledged, was at the time of taking such proof or acknowledgement,
a Justice of the Peace in and for said
County, duly elected, commissioned and qualified, and as such under
the laws of this State authorized, to take the same; and that I am well acquainted with his handwri-
ting, and verily believe that the signature to the certificate of such proof or acknowledgement is genu-
ine; and I further certify, that said instrument is executed and acknowledged according to the laws of
this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed the seal of said Court at
Bloomsburg, this 5th day of May, A. D., 1897

N. H. Hurie Prothonotary.

That the facts are personally known to the affiant by reason of being sergeant of Co. H.
The affiant should here state his rank, Co. and Reg't, and whether he was with the

118 Regt. Pa. Inf. Co. and was with him commended at the time when
command at the time the claimant contracted his disability, and if he saw claimant when he was first taken sick, and how he was affected, and in fact, at

The wound was incurred it was on the left hand between the
the circumstances he can possibly remember touching the claimant's incurrance of his disability. In case of rupture, wound or injury, affiant should state

knuckle of the first finger and joint of the wrist
If he saw the same at the time it was incurred or soon after, or at any time during the service, and should, if possible, describe its location and appearance

All the facts known to affiant relative to soldier's medical treatment for his disability while in the service should be stated, giving time and place, if possible.

And deponent further states that he is totally disinterested in this claim, and that this affidavit was written by: John C. Hicks in the presence of Helinda Weiss
with my dictation

Postoffice address of affiant is Thousand Oaks Cal. Co. Pa.

Sub. 1 11.11.11

9 9 11.11

AFFIDAVIT OF A

COMMISSIONED OFFICER
FIRST (ORDERLY) SERGEANT,
OR A

COMRADE,

As to incurrance of Claimant's
Disability or Disabilities.

CLAIM OF

Major B. Hicks

Late 118 Regt. Pa. Inf.

of Pa. Inf.

Character of Claim.

Contracted - General

No 118 Regt. Pa. Inf.



FILED BY

J. B. Cralle & Co.,

Pension Attorneys,

CRALE BUILDING,

108 C Street, N. W.,

WASHINGTON, D. C.

No. 3.

FOR THE AFFIDAVIT OF AN OFFICER, ORDERLY SERGEANT OR COMRADE,
As to Incurrence of Claimant's Disability or Disabilities.

The person making affidavit on this blank should be careful to fill in all the blank spaces as fully as possible. The paper may be sworn to before any officer authorized to administer oaths, whether he uses a seal or not.

State of Pennsylvania County of Columbia

In the Pension Claim No. 18354 of Mahlon B. Hicks
late a 2nd Lt in Co. A of the 178 Reg't. of Penn Inf Co A 178 Vols.,

personally appeared before me, a Justice of the Peace in and for the aforesaid County, duly
authorized to administer oaths Elias Hopper aged 57 years, a resident of
Affiant's Name here. Age.

Barnock in the County of Columbia and
Affiant's place of residence here. County here.

State of Pennsylvania who being duly sworn, according to law, states that he was a
Private in Co. A of the 178 Reg't. of Penn Inf Co A Vols.,
and was well acquainted with Mahlon B. Hicks this applicant for Pension, and
Here affiant should state claimant's name.

know him to be the identical person of that name who served as a 2nd Lieut in Company H
178 Regiment of Penn Inf Co A Vols.
Here name the State to which Reg't. was accredited, and whether Infantry, Cavalry or Artillery.

THAT THE SAID Mahlon B. Hicks while in the line of duty,
Claimant's Name here.

incurred a gun shot wound of the left hand
Here state the wound, injury or disease claimant first incurred.

at or near The White House Landing State of Va on or about
State at or near what place claimant incurred his disability. Name of State.

the 3d day of July year of 1863, under the following circumstances: While
Day. Month or season. Year. Here state all of the circum-

commanding left of picket line from some concealed
stances under which claimant incurred the disability. Write them out as fully as you can.

Enemy

CLAIMANT ALSO INCURRED
Here state the second disability claimant incurred, if he incurred more than one.

at or near State at or near what place claimant incurred his disability. State of on or about
Name of State.

the day of year of under the following circumstances:
Day. Month or season. Year. Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you possibly can.

THIRD DISABILITY
Here state the third disability claimant incurred, if he incurred more than two.

incurred at or near State at or near what place claimant incurred his disability. State of on or about
Name of State.

the day of year of under the following circumstances:
Day. Month or season. Year. Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you possibly can.

FOURTH DISABILITY
Here state the fourth disability claimant incurred, if he incurred more than three.

incurred at or near State at or near what place claimant incurred his disability. State of on or about
Name of State.

the day of year of under the following circumstances:
Day. Month or season. Year. Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you possibly can.

That claimant's disabilities existed up to and at the date of discharge, if you know his disabilities existed at that
time, and if you do not know it, state why you have no knowledge of that fact.

That the facts are personally known to the affiant by reason of being a private of Co. H.

The affiant should here state his rank, Co. and Reg't. and whether he was with the

118 Reg't. Pa. Inf't. and was with the command at the time
command at the time the claimant contracted his disability, and if he saw claimant when he was first taken sick, and how he was affected, and in fact, at
when the wound was incurred. it was on the left hand between
the circumstances he can possibly remember touching the claimant's incurrence of his disability. In a case of rupture, wound or injury, affiant should state
the muscle of the first finger and part of the wrist
if he saw the same at the time it was incurred or soon after, or at any time during the service, and should, if possible, describe its location and appearance

All the facts known to affiant relative to claimant's medical treatment for his disability while in the service should be stated, giving time and place, if possible.

And deponent further states that he is totally disinterested in this claim, and that this affidavit was written by: John E. Hicks in the presence of Mary E. Hopper
and Julia M. Hicks with my own dictation

Postoffice address of affiant is Berwick, Cal. Co. Pa.

Mary E. Hopper

If affiant signs by mark, two persons who can write sign here.

Elias Hopper
signature of Affiant.

State of Pennsylvania, County of Lancaster, ss:

Sworn to and subscribed before me this 17th day of May, A. D. 1897,
by the above-named affiant, and I certify that I read said affidavit to said affiant, including all the words
..... erased,
and all the words..... added, and acquainted him
with its contents before he executed the same. I further certify that I am in no wise interested
in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me,
and that he is a credible person.

(L. S.)

J. R. Cralle
Official Signature,
Justice of the Peace
Official Character.

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes.

AFFIDAVIT OF A
COMMISSIONED OFFICER
FIRST (ORDERLY) SERGEANT,
OR A
COMRADE,
As to incurrence of Claimant's
Disability or Disabilities.

CLAIM OF

William P. Hicks
Late 118 Reg't. Pa. Inf't.
of Co. H.
Character of Claim.
Disability - Injury to hand
No. 10083-571

FILED BY
J. R. Cralle & Co.,
Pension Attorneys,
CRALLE BUILDING,
108 C Street, N. W.,
WASHINGTON, D. C.

3-489.

Mid. Div. *Ony. No. 1083541*
Mahlon B. Hicks
A 178 Pa. Inf.

W. H. S. Ex'r.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C.,

Sep 29, 1897.

SIR:

To aid this Bureau in the adjudication of the above-entitled claim for pension, please furnish a statement ~~in your own handwriting~~ setting forth all the facts within your personal knowledge relative to the incurrence of any wound, injury, or disease, by *the said Mahlon B. Hicks,* while in the service *above named.*

In your reply please be as specific as possible in respect to dates, and describe, as clearly as you can, the nature, symptoms, and extent of the disability.

Kindly answer upon the reverse of this letter and return the same in the inclosed envelope, which requires no postage.

Very respectfully,

Elias Hoppes
Berwick,
Pa.

W. H. S.

Commissioner.



NOTE.—If you are unable to write, it is suggested that you request some competent person to aid you in replying to this circular, your signature to be witnessed by the Postmaster or some other United States official, who should certify that the contents were fully made known to you before signing.

No 3.

FOR THE AFFIDAVIT OF AN OFFICER, ORDERLY SERGEANT OR COMRADE,
As to Incurrence of Claimant's Disability or Disabilities.

The person making affidavit on this blank should be careful to fill in all the blank spaces as fully as possible. The paper may be sworn to before any officer authorized to administer oaths.

State of Pennsylvania County of Columbia
In the Pension Claim No. 11853221 of Marshall B. Hinkle
late a Sergeant in Co. B of the 128 Reg't. of Penn Vols.,
personally appeared before me, a Justice of the Peace in and for the aforesaid County, duly
authorized to administer oaths. Joseph Hinkle aged 67 years, a resident of
Affiant's Name here. Age.
Lucasville in the County of Columbia and
Affiant's place of residence here. County here.

State of Pennsylvania who being duly sworn, according to law, states that he was a
Sergeant in Co. B of the 128 Reg't. of Penn Vols.,
and was well acquainted with Marshall B. Hinkle this applicant for Pension, and
Here affiant should state claimant's name.

know him to be the identical person of that name who served as a Sergeant in Company B
128 Regiment of Penn Vols.
Here name the State to which Reg't. was accredited, and whether Infantry, Cavalry or Artillery.

THAT THE SAID Marshall B. Hinkle while in the line of duty,
Claimant's Name here.

incurred a gunshot wound in the right arm
Here state the wound, injury or disease claimant first incurred.

at or near the battlefield of Gettysburg State of Penn on or about
State at or near what place claimant incurred his disability. Name of State.

the 2 day of July year of 1863, under the following circumstances: while on
Day. Month or season. Year. Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you can.
Marshall B. Hinkle of the 128th Reg't. of Penn Vols. was wounded in the
right arm by a gunshot wound while on duty.

CLAIMANT ALSO INCURRED
Here state the second disability claimant incurred, if he incurred more than one.

at or near the battlefield of Gettysburg State of Penn on or about
State at or near what place claimant incurred his disability. Name of State.

the 2 day of July year of 1863, under the following circumstances: while on
Day. Month or season. Year. Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you possibly can.

THIRD DISABILITY
Here state the third disability claimant incurred, if he incurred more than two.

incurred at or near the battlefield of Gettysburg State of Penn on or about
State at or near what place claimant incurred his disability. Name of State.

the 2 day of July year of 1863, under the following circumstances: while on
Day. Month or season. Year. Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you possibly can.

FOURTH DISABILITY
Here state the fourth disability claimant incurred, if he incurred more than three.

incurred at or near the battlefield of Gettysburg State of Penn on or about
State at or near what place claimant incurred his disability. Name of State.

the 2 day of July year of 1863, under the following circumstances: while on
Day. Month or season. Year. Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you possibly can.

That claimant's disabilities existed up to and at the date of discharge
Here state "of discharge," if you know his disabilities existed at that

time, and if you do not know it, state why you have no knowledge of that fact.



That the facts are personally known to the affiant by reason of being a Sergeant of Co. H
The affiant should here state his rank, Co. and Reg't. and whether he was with the

128th Reg't Pa. Inf't and was with the command, and saw the
command at the time the claimant contracted his disability, and if he saw claimant when he was first taken sick, and how he was affected, and in fact, all
the circumstances he can possibly remember touching the claimant's incurrance of his disability. In a case of rupture, wound or injury, affiant should state
the wound was near the shoulder of the right arm, and
if he saw the same at the time it was incurred or soon after, or at any time during the service, and should, if possible, describe its location and appearance
and was treated at the time.
All the facts known to affiant relative to soldier's medical treatment for his disability while in the service should be stated, giving time and place, if possible,
to claimant's vicarious habits.

He further declares that he has no interest in said case and is not concerned in its prosecution.

Postoffice address of affiant is Pennsylvania Adams County

Pennsylvania

If affiant signs by mark, two persons who can write sign here.

Jacob Weiss
Signature of Affiant.

State of Pennsylvania, County of Columbia, ss:

Sworn to and subscribed before me this 11th day of October, A. D. 1898,
by the above-named affiant, and I certify that I read said affidavit to said affiant, including all the words
..... erased,
and all the words added, and acquainted him
with its contents before he executed the same. I further certify that I am in nowise interested
in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me,
and that he is a credible person.

(L. S.)

H. R. Ketchum
Official Signature.

Justice of the Peace
Official Character.
By Certification File in Dept.

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes.

128th Reg't Pa. Inf't
AFFIDAVIT OF A
COMMISSIONED OFFICER
FIRST (ORDERLY) SERGEANT,
OR A
COMRADE,
As to incurrance of Claimant's
Disability or Disabilities.

CLAIM OF
Marion C. Hicks
Late in Co. G, 128th Reg't.
of Pa. Inf't. A. J. Vol.

Character of Claim
Original - Act of June 27, 1890
No 128th Reg't

128th Reg't Pa. Inf't
FILED BY
B. Cralle & Co.,
Pension Attorneys,
CRALLE BUILDING,
108 C Street, N. W.,
WASHINGTON, D. C.

No 3.

FOR THE AFFIDAVIT OF AN OFFICER, ORDERLY SERGEANT OR COMRADE,
As to Incurrence of Claimant's Disability or Disabilities.

The person making affidavit on this blank should be careful to fill in all the blank spaces as fully as possible. The paper may be sworn to before any officer authorized to administer oaths.

State of Pennsylvania County of Philadelphia

In the Pension Claim No. 14,53,374 of Marion B. Hicks

late a Lieut. in Co. H of the 178 Reg't. of P. A. Draft Vols.,

personally appeared before me, a Justice of the Peace in and for the aforesaid County, duly

authorized to administer oaths William B. Brobst aged 77 years, a resident of

Affiant's Name here.

Age.

Berwick in the County of Bedford and

Affiant's place of residence here.

County here.

State of Pennsylvania who being duly sworn, according to law, states that he was a

Private in Co. H of the 178 Reg't. of P. A. Draft Vols.,

and was well acquainted with Marion B. Hicks this applicant for Pension, and

Here affiant should state claimant's name.

know him to be the identical person of that name who served as a Lieut. in Company

H Regiment of 178 P. A. Draft Vols.

Here name the State to which Reg't. was accredited, and whether Infantry, Cavalry or Artillery.

THAT THE SAID Marion B. Hicks while in the line of duty,

Claimant's Name here.

incurred a gun shot wound of the left hand

Here state the wound, injury or disease claimant first incurred.

at or near The White House Landing State of Tenn. on or about

State at or near what place claimant incurred his disability

Name of State.

the 3rd day of July year of 1863 under the following circumstances: while in

Day. Month or season. Year.

Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you can.

Command of the left of the Picket line he was hit in

the left hand by a ball fired from the gun of some concealed

enemy CLAIMANT ALSO INCURRED.

Here state the second disability claimant incurred, if he incurred more than one.

at or near State of on or about

State at or near what place claimant incurred his disability.

Name of State.

the day of year of, under the following circumstances:

Day. Month or season. Year.

Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you possibly can.

THIRD DISABILITY

Here state the third disability claimant incurred, if he incurred more than two.

incurred at or near State of on or about

State at or near what place claimant incurred his disability.

Name of State.

the day of year of, under the following circumstances:

Day. Month or season. Year.

Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you possibly can.

FOURTH DISABILITY

Here state the fourth disability claimant incurred, if he incurred more than three.

incurred at or near State of on or about

State at or near what place claimant incurred his disability.

Name of State.

the day of year of, under the following circumstances:

Day. Month or season. Year.

Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you possibly can.

That claimant's disabilities existed up to and at the date

Here state "of discharge." If you know his disabilities existed at that

time, and if you do not know it, state why you have no knowledge of that fact.



That the facts are personally known to the affiant by reason of *Being a Private of*
Co. 7th 178 Regt. Cad. aft. and was with the command
 The affiant should here state his rank, Co. and Reg't, and whether he was with the
 command at the time the claimant contracted his disability, and if he saw claimant when he was first taken sick, and how he was effected, and in fact, at
 and ~~now~~ *the wound was after it was incurred, to the*
 the circumstances he can possibly remember touching the claimant's incurrence of his disability. In a case of rupture, wound or injury, affiant should state
best of my knowledge the wound was near the thumb
 If he saw the same at the time it was incurred or soon after, or at any time during the service, and should, if possible, describe its location and appearance
of the index or first finger on the left hand and was treated
 the facts known to affiant relative to soldier's medical treatment for his disability while in the service it could be stated, giving time and place, if possible,
on the field and the said wound was not due to claimant's
own acts.
 He further declares that he has no interest in said case and is not concerned in its prosecution.

Postoffice address of affiant is *Berwick, Berks County*
State of Pennsylvania

Chas. W. Bower

If affiant signs by mark, two persons who can write sign here.

William X. Brobst
 Signature of Affiant.

State of *Pennsylvania*, County of *Berks*, ss:

Sworn to and subscribed before me this *24th* day of *October*, A. D. 189*8*,
 by the above-named affiant, and I certify that I read said affidavit to said affiant, including all the words
 erased,
 and all the words added, and acquainted *him*
 with its contents before *he* executed the same. I further certify that I am in nowise interested
 in said case, nor am I concerned in its prosecution; and that said affiant *is* personally known to me,
 and that *he is a* credible person.

(L. S.)

E. R. Ketchum
 Official Signature.
Justice of the Peace
 Official Character.
My Certification File in Dept.

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes.

AFFIDAVIT OF A
 COMMISSIONED OFFICER
 FIRST (ORDERLY) SERGEANT,
 OR A
 COMRADE,
 As to incurrence of Claimant's
 Disability or Disabilities.

CLAIM OF
William X. Brobst
 Late *in Co. 7th 178 Reg't*
 of *the 1st Div. - 1st Corps.*

Character of Claim.
Original - 10th Jan. 27 1898
 No. *10 22 54*

FILED BY
 J. B. Cralle & Co.,
 Pension Attorneys,
 CRALLE BUILDING,
 108 C Street, N. W.,
 WASHINGTON, D. C.

Act of June 27, 1890.

INVALID PENSION.

M
 Claimant, Maxton B. Hicks, O. I. R. 1083541
 P. O., Shanaw, Rank, Private
 County, Baltimore, Company, a
 State, md., Regiment, 7th Pa. Vol. Inf.
 Rate, \$..... per month, commencing

Disabled by

RECOGNIZED ATTORNEY.

Name, J. B. Gralle & Co., Fee, \$..... Agent to pay.
 P. O., Washington, D. C., Articles filed,, 189

APPROVALS.

Submitted for Ref. May 14, 189, Examiner.

Approved for rejection of claim for war.

Approved for rejection on grounds

J. B. Gralle & Co.
 of left hand and loss of grip of same & shrinking
 of muscles. Rheumatism. Inflammation of
 Grippes. No dis. under act June 27, 1890. an
 action of Insur. Off. Re. v.
May 20, 1897.
Not now pensioned under other laws. Last paid to, 189, at \$

act of June 27-1890
H. 1214
May 16, 1897
 Medical Referee.

Pensioned from, 18, at \$, for

SERVICE SHOWN BY RECORD.

Enlisted Oct 22, 1862, honorably discharged July 27, 1863.Re-enlisted Mar. 9, 1865, honorably discharged Aug. 29, 1865.Declaration filed Nov. 18, 1896 alleges permanent disability, not due to vicious habits,

from wound of left hand with resulting loss of grip of
same & shrinkage of muscles, rheumatism, inflammation &
la grippe. Winters, No m. Co.

Shawam M. d

May 21st 1897.

J.B. Brooke & Co.

Washington D.C.

Gents- enclosed you will find Affidavits from two com-
rades late members of Co. H. 188. Pa. Reg. Inf.

I cannot furnish testimony of a commissioned officer of ~~any~~
Company by reason that the first Lieut was killed while in
the service, and I have learned that the Capt is also decess-
ed, leaving me the only surviving officer. Having been pro-
moted from Orderly Sergeant while in the field, and
in a critical moment when it required acute details I
myself acted as orderly as far as keeping records and making
reports &c. Wm H. Stahl was appointed orderly Sergeant
but was not commissioned, but acted as right guide when
called upon. Consequently I am the rightful orderly Sergeant
and in the meantime filled the place of a second Lieut.

Respectfully

Maheon B. Hicks



State of Maryland Baltimore County Town.

This is to Certify that on this 21st day of May 1897 Personally appeared before me a Notary Public in and for the State of Maryland George Mahlon B. Wick and made oath according to law that the statements and facts contained in the within document is true and correct to the best of his knowledge and belief.



Peter Mulcahy
Notary Public

MEDICAL AFFIDAVIT.

This affidavit can be used by Regimental or Assistant Surgeon, or any physician who can testify in any way in behalf of claimant. The affidavit should, if possible be in the handwriting of the Surgeon or physician testifying, and should embody all the facts in affiant's possession as to the origin and continuance of claimant's disability. The dates of treatment should be especially set forth, and also affiant's means of knowing the facts to which he testifies.

State of Maryland, County of Baltimore ss:

In the Pension Claim No. 108354
of Frederick B. Hicks

late a 2^d Lieut in Co. 26 of the 178th Reg't of P. Inf Vols.
(Company and Regiment of service, if in the army; or Vessel and Rank, if in the Navy.)

Personally came before me a Justice of The Peace in and for
the aforesaid County and State, Dr. Jas. H. Wilson, a citizen of
Maryland, whose Postoffice address is Thurblowburg, County of
Baltimore, State of Maryland well known to me to be reputable
and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

That he is a practicing physician, and that he has been acquainted with said soldier for about twelve
years, and that he did not know the said soldier prior to his
(Here state all the facts known to the affiant in accordance with the marginal instructions. No erasures of inter-
enlistment, but has been his family physician since he
enlistment, are allowed unless the magistrate certifies in his jurat that they were made before the execution of the paper.)

has known him, and has lived within three miles of him.
never treated him prior to his enlistment and did not know
if he ever found them - Has treated him during the last twelve
years for - La Grippe, acute Rheumatism and Lumbago -
Treated him in January and up to April 1892 for La Grippe and
its sequel, which was a permanent weakness of the spine
for which I have frequently treated him.

In Nov. 1893 the claimant was attacked with acute Rheumatism
since which time he has been frequently treated for Rheumatism
which gets better, but never permanently cured - He was
bed fast with Lumbago nearly the whole winter of 1894 & 97.

I do not suppose he will ever be permanently cured of it.
The claimant suffers from a general weakness of the left
hand, which I have frequently examined, and find that the
metacarpus bone of the index finger has been broken when
the ball struck it, which has left joint an incipient
and the muscles having been hurt, has shrank and
has left his left arm permanently weaker
and less useful than the right, since Nov 1893.

to the best of my knowledge and belief do not think
the claimant could perform manual labor more
much more than 1/3 of his time, certainly I prevent
his discharging him from performing the
duties of a farm hand to any great extent.
He further declares that he swears this affidavit
himself.

NOTES.

The physician, in order to cover the required points, should read carefully the following notes, and unless they are complied with the affidavit will be worthless and ineffective.

1st. Whether or not he knew the soldier prior to enlistment; the length of time he has known him; how intimately and what opportunities he has had of observing his physical condition; whether as his family physician or as a neighbor, and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound he would have known it.

2d. If he treated claimant while in the service, either as his regimental surgeon or while claimant was home on furlough that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the nature of his disability and dates of treatment.

3d. If he has treated soldier since discharge, he should so state, giving the date of his first treatment; what his physical condition was at the time, with complete diagnosis of the disability; the period during which he treated him should be stated, with dates, as near as possible, of the prescriptions.

4th. A claimant should take special care to state, to the best of his recollection and ability, to what fractional extent claimant has been disabled for performance of manual labor, whether 1/3, 1/2, 3/4, or entirely during each year, from discharge to the present time, or such time as affiant's testimony covers.



Affiant's Signature.

Justice of the Peace
Official Signature.
R. Hookes Gill
Official Character.

~~23~~ Execute this before an officer having a seal.

CLAIM OF
Washington & Oke
 9th & 1st
 Late "Assign Co. of Wash.
 of *Washington* Vols.

FOR
Original Person
No 1183.571

AFFIDAVIT OF
Dr. Samuel C. Wilson

J. B. Cralle & Co.,
Pension Attorneys,
CRALLE BUILDING,
 108 C Street, N. W.,
WASHINGTON, D. C.

RECORD & PENSION OFFICE

OCT 1 1505869 1897

WAR DEPARTMENT

3-061.

Middle
H

Div.

Ex'r.

Orig. No. 108354/
Mahlon B. Hicks
H 178 Pa. Inf.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. Sep 29, 1897.

SIR:

For use in the above-entitled claim for pension
please furnish a report from the records of your
office as to the presence or absence on or about

July 3, 1863
of Elias Hoppes
and

Jacob Weiss,
late of Co. H
178 Pa. Inf.

and the station at that time of the

command.

Very respectfully,

Chas. B. Smith
Commissioner.

The CHIEF OF THE
RECORD AND PENSION OFFICE.

Record and Pension Office,
WAR DEPARTMENT.

Respectfully returned to the
Commissioner of Pensions.

They show that
Chas. Hoppes
and
Jacob Weiss

named in the above inquiry were present
during the period mentioned except as follows:

Other records furnish
nothing additional as
to presence or absence
and station July 3,
1863 -

The station of the Co.

during said period was as follows:

June 30, 1863, White
House, Va.

By authority of the Secretary of War:

J. P. Smith

Colonel U. S. Army, Chief of Office.

Per

OCT 1 1897

Washington, D. C.,

189

Post-office address: Berwick

Oct 2

, 1897.

SIR:

In reply to your request I have to state that i distinctly Remember
of Melton B Hook, being a very sore hand he
said a Ball had stuck him i did not see
it hit him i think some where between Bottom
Bridge and Baltimore cross road had a
accident there he came out in the wheel
i think it was in July 1883 as near as i can
tell it has ^{been} so long he suffered a great
deal with it

Very respectfully,

Elias Hopper

COMMISSIONER OF PENSIONS,

Washington, D. C.

I do hereby certify that the contents
of this paper are fully understood by me
of Resp.
James Townsend Pres.

Execute this paper
before some
having a seal.

Act of June 27, 1890.

Supplemental Declaration for Invalid Pension.

STATE OF Maryland
COUNTY OF Baltimore } ss:
On this 4th day of October, A. D. one thousand eight hundred and ninety-nine
personally appeared before me, a justice of the Peace,
within and for the county and State aforesaid Mahlon B. Hicks
(Claimant's name here.)
aged 37 years, a resident of Boring, County of Baltimore,
(Age.) (Place of residence here.) (Name of County here.)
State of Maryland, who, being duly sworn according to law, declares that he is the identical
(Name of State here.) Mahlon B. Hicks who was enrolled on the 28th day
(Claimant's name here.)
of Oct, 1862, in Co 26. 178th Regt Pa Inf
(Month.) (Year.) (Here state rank, company and regiment in Military service, or vessel if in the Navy.)
in the War of the Rebellion and served at least ninety days, and was Honorably Discharged at Harrisburg
Pa on the 25th day of July, 1862.
(State place where discharged.) (Month.) (Year.)

That he was disabled for earning a support by manual labor in a degree entitling him to a pension on Oct
9th, 1894, the date of filing his Original Declaration, by reason of the following dis-
abilities: Gun shot wound of left hand, Rheumatism, swelling
of gripper, loss of grip of left hand and shrinkage of
muscles wound of left hand
(Here state all the wounds, injuries or diseases from which you now suffer.)
incurred at or near the White House Landing, Va. on the 3rd day of
(Here state at or near what place each disability was incurred.)
July 1863, Gripper at New Orleans, La. on the 1st day of Jan 1890.
on or about the 1st day of Jan 1890 He was attacked with Rheumatism
(Here state as near as you can when each disability was incurred and give circumstances of incurrence.)
followed by swelling, Gripper occurred from a long cold while at work
Rheumatism and swelling of the hand
That he is also disabled for earning a support by none of the circumstances
(Here state all disabilities incurred since filing your Original Declaration.)

incurred about _____, under the following circumstances.
(Here state when each disability was incurred.) (Here state all the circumstances
under which the disability or disabilities were incurred.)

That he has ~~been~~ been in the Military or Naval service otherwise than as above set forth Enlisted in
Co A 74th Regt Pa Inf March 1865 Discharged Aug 1865
(If you have rendered other service state dates of enlistment and discharge and give company and regiment, if in the Navy state the
name of the vessel.)

That said disabilities have continued to exist up to the present time, and are not due to vicious habits, and
are, to the best of his knowledge and belief, permanent, and that he is now wholly disabled for earn-
(Partially or wholly.)
ing a support by manual labor in consequence of same.

That the No. of his Pension Claim is 1083541
(If you have applied for pension state No. of claim here.)

That he makes this supplemental declaration for the purpose of re-opening his claim, and being placed on the
pension-roll of the United States under the provisions of the ACT OF JUNE 27, 1890. He hereby appoints

J. B. CRALLE & CO.,

CLAIM & PENSION ATTORNEYS, CRALLE BUILDING,

108 C street N. W., Washington, D. C., his true and lawful attorneys to prosecute his claim, and he hereby

agrees to allow said attorneys the lawful fee of Ten Dollars when his pension is allowed. That his Postoffice

address is Boring, County of Baltimore
(Claimant's P. O. address here.) (Name of County here.)

State of Maryland
(Name of State here.) Mahlon B. Hicks
(Claimant's signature.)

Attest Mary E. Brown
(First witness sign here.)

Mary Melting
(Second witness sign here)



ATTY FILED
S.

Write in ALL of your Disabilities, whether Wounds, Injuries or Diseases, as under the New Law (Act of June 27th, 1890), it makes no difference whether they were incurred during your service or since your discharge, provided they are not due to vicious [bad] habits.

Also personally appeared Mary E. Brown residing at Woodensburg Mo.
(Name of first witness.)
and Mary Melking residing at Woodensburg Mo.
(Name of second witness.)

persons whom I certify to be respectable and entitled to credit and who, being by me duly sworn, say they were present and saw Wahlon B. Hicks, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him for 8 years and 13 years respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Mary E. Brown
Mary Melking
(Signatures of witnesses.)

Sworn to and subscribed before me this 20th day of October, A. D. 1897, and I

hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words

(L. S.) erased, and the words added; and that I have no interest, direct or indirect, in the prosecution of this claim.

(Certificate on file to cover date of execution)
Record Division

Samuel H. Brown
(Signature.)
Justice of the Peace
(Official Character.)

Under Act of September 1, 1890, all applications for pensions may be executed before any officer authorized to administer oaths. It is not necessary now that the officer should have a seal, or that one should be attached showing his official capacity. You may, therefore, execute this paper before any Notary, Justice, or other officer who is most convenient to you.

SUPPLEMENTAL
DECLARATION FOR INVALID PENSION.

ACT OF JUNE 27, 1890.

Name Mary E. Brown
Rank 2nd Lieut. Co. 1st Regt.
Vol.
a 74 Pa. Inf.
Pen. 1003.074

FILED BY

J. B. Cralle & Co.,
PENSION ATTORNEYS,
CRALLE BUILDING,
108 C St., N. W., WASHINGTON, D. C.

READ THESE NOTES CAREFULLY BEFORE FILLING UP THE APPLICATION:

The act of June 27, 1890, REQUIRES: An honorable discharge (but the certificate need not be filed unless called for).

A service of not less than ninety days.

A permanent physical or mental disability not due to vicious habits. (It need not have originated in the service.)

The rates under the act are graded from \$6 to \$12 proportioned to the degree of inability to earn a support and are not affected by the rank held.

A pensioner under existing laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than ONE pension for the same period.

Fill up the blank carefully, and be particular to give the certificate number if you are a pensioner, and if not the number of your application if you have made application.

Act of June 27, 1890.

2-1899
972189
D.B.

INVALID PENSION.

Claimant, Mahlon B. Hicke # 1083541 O.L.R.
P.O., Boring Rank, Private
County, Baltimore Company, A
State, Maryland Regiment, 74 Pa Vol. Inf.
Age, 38 years, per month, commencing October 9, 1897

Disabled by loss of grip & left hand & rheumatism

RECOGNIZED ATTORNEY.

Name, J. B. Crall & Co. Fee, \$ 10 Agent to pay.
P.O., City Articles filed, —, 189 —

APPROVALS.

Filed for Adi. Oct 18, 1898 R. J. Strong Examiner.
Approved for loss of grip & left hand & rheumatism
loss of grip left hand & shrinkage of muscles, rheumatism, lameness, & la grippe
no other disability
Wilson James Houston Medical Referee.
Oct 29, 1898 R. J. Strong Legal Reviewer.
Nov. 3, 1898

not now pensioned under other laws. Last paid to —, 189 —, at \$ —
Pensioned from —, 18 —, at \$ —, for —

SERVICE SHOWN BY RECORD.

Enlisted Oct 22, 1862 And honorably discharged July 27, 1863
Re-enlisted Mar 9, 1865 " honorably discharged Aug. 29, 1865
Declaration filed Oct 9, 1897, alleges permanent disability, not due to vicious habits,
from loss of left hand & rheumatism, lameness, & la grippe
loss of grip left hand & shrinkage of muscles

State of Maryland County of Baltimore.
In the matter of the application for Pension of Mahlon B Hicks.
On this 3^d day of Nov. A.D. 1897. Personally appeared before me a
Justice of the Peace in and for the aforesaid County, duly auth-
orized to administer oaths, Mahlon B. Hicks aged 60 years,
a resident of Boring in the County of Baltimore and State of
Maryland whose Post Office address is Boring and well
known to me to be reputable and entitled to credit and
who being duly sworn declared in relation to aforesaid
case as follows.

That he has made diligent search for the
Post Office address of Wilber F. Peck late assistant Surgeon
of the 178th Pa Regt. Inf't. But up to this date have failed so to
do. He further declares, that the said assistant Surgeon
did on the morning of the 21st day July A.D. 1863 cross and
treat a wound he received while in command of the
left of a Picket line on the 3^d day of July 1863. near the
White House Landing, Va.

Mahlon B Hicks

Late 2^d Lieut Coth 178 Pa Regt Inf't

Sworn to before,

Samuel H. Brown,
Justice of the Peace,



FILED TO COVER DATE.

Wahlon J Hicks
Co "H" 148" Pa. Inf
"A" 74" " Vols.

Orig. Pension
#1,053,041

Filed by
J. D. Lemell & Co.
St. Louis, Mo.

Middle.

Div.

J. J. R., Ex'r.

Inv. Orig. No. 1083541

Mahlou B. Hicks

Department of the Interior,

BUREAU OF PENSIONS,

A. T. H. Pa. & I.

Washington, D. C.,

Feb. 8, 1898

SIR:

To aid this Bureau in the adjudication of the above-entitled claim for pension, please furnish a statement in your own handwriting setting forth all the facts within your personal knowledge relative to the incurrence of any wound, injury, or disease, by Mahlou B. Hicks, while in the service

In your reply please be as specific as possible in respect to dates, and describe, as clearly as you can, the nature, symptoms, and extent of the disability.

Kindly answer upon the reverse of this letter and return the same in the inclosed envelope, which requires no postage.

Very respectfully,

Jacob Weiss,
Poundville,
Pa.



Commissioner.

NOTE.—If you are unable to write, it is suggested that you request some competent person to aid you in replying to this circular, your signature to be witnessed by the Postmaster or some other United States official, who should certify that the contents were fully made known to you before signing.

Post-office address:.....

Foundryville, Pa

....., 189....

SIR:

In reply to your request I have to state that Jacob Weirs privat
in co H 178 reg of pa inf
and i was well acquainted with
Walon B. Hacks orderly sergeant
2 Lt in co H 178 reg of pa inf
Walon B. Hacks while in the line of
duty incurred a wound of left hand
at or near the White House Landing 2d
on or about the 3 day of July year of 1863
while commanding the left of picket line
and i was with the command when
the wound was incurred ~~and~~ and
i saw the wound immediately
after words it was in the left hand
between the 12 nuchel of the first
finger and the joint of the wrist

Very respectfully,

Jacob Weirs

COMMISSIONER OF PENSIONS,

Washington, D. C.

9

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc. The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Original Pension Claim No. 1083541
 Name and rank of claimant. Mahlon B. Hicks, Rank, Private & 2^d Lieut.
 Company A, 74th Reg't Penn. Vol. Inf. Westminster, Maryland, State,
 Claimant's post-office address. Boring P.O., Baltimore Co., Md. March 16, 1898.
 [Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: Gunshot wound of left hand. Was shot while on picket in July 1863. Then being 2^d Lieut. Co. H. 178th Penn. Inf.

and that he receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for Original [Original, increase, restoration, &c.]
Gunshot wound of left hand, Rheumatism, Sunburn,
La Grippe, Loss of grip of left hand and shrinkage of mus-
cles. Upon making any decided exertion, he is affected by nervous
spasms, lasting from 10 to 20 minutes, during which time entire
body trembles violently, and is succeeded by extreme pain in occiput
lasting several days.

Upon examination we find the following objective conditions: Pulse rate, sitting -- 76,
standing 84,
Exercise 90;
 respiration, 20; temperature, 98.4°; height, 5 feet 8 inches; weight, 155
 pounds; age, 61 years. Left hand shows scar 1 x 1 1/2 inch in size situated
on radial side of 2^d metacarpal bone, or metacarpal bone of left
index finger. Scar extends at right angles to axis of bone. Bone intact,
and shows no evidence of having been involved in the injury. Muscles
of space between index finger and thumb are totally atrophied, leav-
ing only a cutaneous web between thumb and metacarpus. There
is total loss of use of thumb and index finger of left hand. All mus-
cles of left hand decidedly atrophied, and there is very marked
loss of muscular power. No atrophy or loss of power above left
wrist. Rheumatism:-- First attack of inflammatory rheu-
matism in 1867, at which time applicant was confined to
bed 6 months and to house 11 months. No swelling of any joints,
but slight enlargement as follows: measurement around left
shoulder joint-- 17 inches, right-- 17 1/2 inches. Slight atrophy of mus-
cles of left shoulder, and all movements of left shoulder joint
are limited to extent of 1/2. Except as above, all other joints nor-
mal. There is constant pain in deep lumbar muscles, worse at
times, but always present. Entire lumbar region is quite sensa-
tive to pressure, but there is no atrophy of these muscles.

Heart:-- area of apex impulse not evident to either inspec-
tion or palpation. Area and position of cardiac dullness
normal. Rhythm and force normal. Sounds normal. No mur-
murs. Neither hypertrophy, dilatation, dyspnoea nor cyanosis.
Breathing regular. Absolutely unable to stand with eyes closed,
nor can a single step be taken with closed eyes. In such in-
stances applicant falls to the right side. (Continued on Page 2)

Chas. H. Dill, Pres. W. F. Baer, Sec'y. J. H. Jones, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. When sufficient space is not afforded for the necessary statements, an additional blank certificate should be attached and properly numbered. The backs of certificates must not be used except as it may be necessary to use the diagrams. Marginal entries must never be made.

(This certificate to be filled in and signed by the secretary when full board is present.)

"I hereby certify that Dr. Chas. H. Diller, Dr. F. H. Seiss, and Dr. M. F. Baer, were personally present and actually participated in the examination of Mahlon B. Hicks, the claimant in this case, on this 16th day of March, 1898."

(Signature.)

M. F. Baer, Sec'y.

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 18 ____."

(Signature.)



SURGEON'S CERTIFICATE

IN CASE OF

Mahlon B. Hicks,
"A." 74th Regt Penn. Vol. Inf.

Applicant for original
No. 1083541

DATE OF EXAMINATION:

March 16th, 1898.

Chas. H. Diller, Pres.,
M. F. Baer, Sec'y,
F. H. Seiss, Treas.,

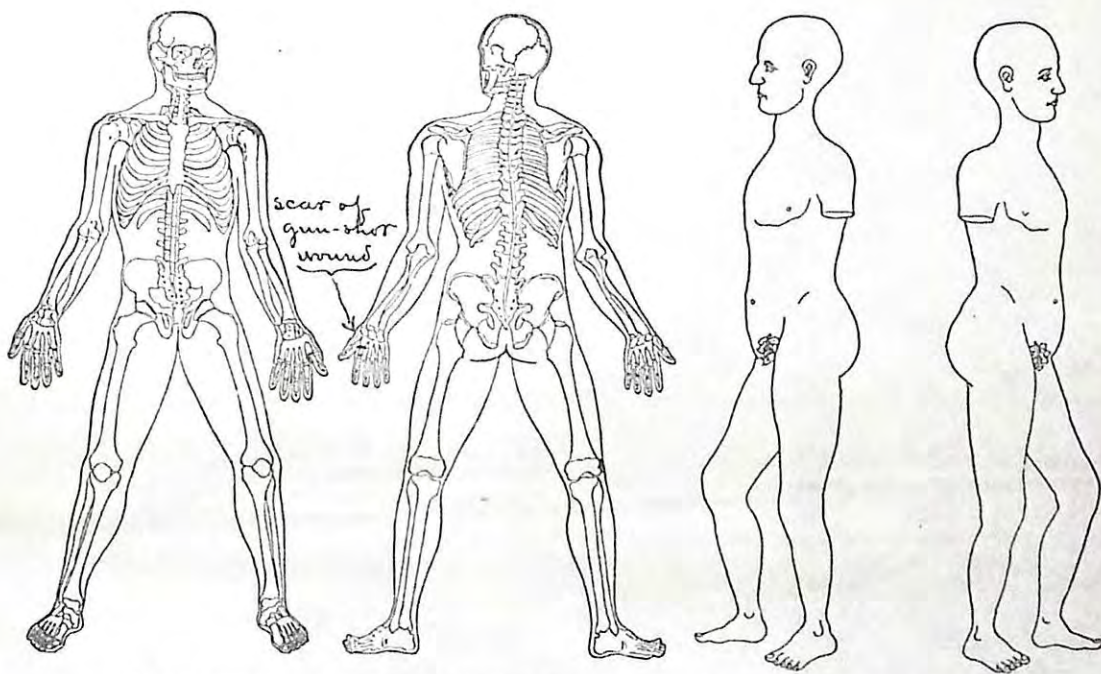
BOARD.

Post office, Westminster,

County, Carroll,

State, Maryland.

P. S.—Write your Post-office address plainly and in full.



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Original Pension Claim No. 1083541
 Name and rank of claimant. Maxton B. Hicks (Continued), Rank, Private 2^d Lieut.
 Company A., 74th Reg't Penn. Vol. Inf., Westminster, Maryland State,
 Claimant's post-office address. Boring P.O., Baltimore Co., Md. March 16th, 1898.
 [Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability, in the service, viz: _____

and that he receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for Original
Applicant claims to have served also as 2^d Lieutenant
of Company "H.", 178th Reg't Penn. Infantry.

Here give the claimant's statement as briefly and as compactly as possible.

Upon examination we find the following objective conditions: Pulse rate, _____; respiration, _____; temperature, _____; height, _____ feet _____ inches; weight, _____ pounds; age, _____ years.

Here give a full description of the disability, in accordance with Back of Instructions.

(Continued from Page "1")
Measurement around metacarpal: Right 8 1/2 inches; left 7 inches.

Not being able to walk with closed eyes, coordination could not be tested. Reflex of patella tendon very much exaggerated. There is a very decided tremor of entire muscular system at times, an attack being always brought on by exertion. Following this tremor there is severe occipital head-ache. No premonitory signs of tremor.

The actual or probable origin of every existing disability must be fully set forth. Whenver disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

No evidence of Syphilis.
Kidneys:—Urine—spec. grav. 1025; reaction—acid;
Neither albumen, tube casts nor sugar.

La Grippe:—No evidence of this disease remaining.
Loss of grip of left hand complete.

Causes:—Left hand injured by gunshot. Rheumatism direct cause unknown. Lumbago to some degree dependant upon rheumatic diathesis. Grippe cause unknown. Loss of grip of left hand and muscular atrophy result of gun-shot wound. Except as above, all organs normal.
Habits in every respect excellent.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

Rating:
Gunshot wound --- 10/10; X Rheumatism --- 4/10; X
Lumbago --- 6/10; X La Grippe --- 0;
— Finis —

Chas. A. Diller, Pres. H. F. Baer, Sec'y. J. H. Lewis, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. If sufficient space is not afforded for the necessary statements called for, additional paper should be neatly attached.

(This certificate to be filled in and signed by the secretary when full board is present.)

"I hereby certify that Dr. Chas. H. Diller, Dr. F. H. Seiss, and Dr. H. F. Baer, were personally present and actually participated in the examination of Mahlon B. Hicks, the claimant in this case, on this 16th day of March, 18 98.

(Signature.)

H. F. Baer, Sec'y.

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 18 ____."

(Signature.)

Continuation of
SURGEON'S CERTIFICATE

IN CASE OF

Mahlon B. Hicks.

"A." 74th Reg't Penn. Vol. Inf.

Applicant for original

No. 1083541

DATE OF EXAMINATION:

March 16th, 1898.

Chas. H. Diller, Pres.

H. F. Baer, Sec'y.

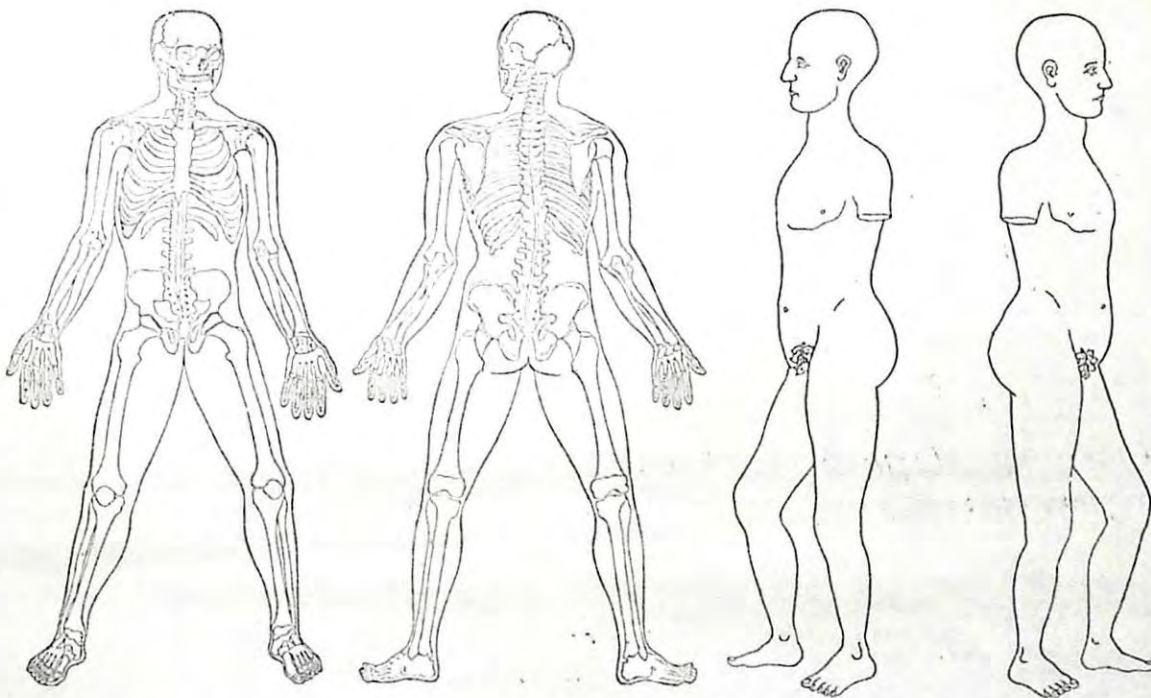
F. H. Seiss, Treas.

Post office, Westminster,

County, Carroll,

State, Maryland.

P. S.—Write your Post-office address plainly and in full.



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

CLAIMANT'S AFFIDAVIT.

State of Maryland County of Baltimore, ss:

In the matter of Mahlon B. Hicks a claimant
for a pension, no. 1.083541

late a Private in Co. A of the 74th
Reg't of Pennsylvania Vols., for The war of the rebellion

On this 11th day of April, A. D., 1898, personally appeared
before me, a Justice of the peace in and for the aforesaid County, duly authorized to administer
oaths, Mahlon B. Hicks, aged 61 years, a resident of Boring,
in the County of Baltimore and State of Maryland, whose
Postoffice address is Boring and well known to me to be

reputable and entitled to credit, and who, being duly sworn, declares as follows:

That The aforesaid Mahlon B. Hicks is the claimant in
the above-mentioned cause, and that he never served in the military or
naval service of the United States prior to Oct. 22, 1862
or subsequent to Aug. 29, 1865.
The affiant further testifies that he entered the service of the
United States for Co. 26, 128th Regt. on the 22nd day of Oct. 1862
and received a gunshot wound on the left hand on the 3rd day
of July 1863, while in line of duty as a 2nd Lieut. commanding 2nd
Co. of 128th Regt. near the White House Landing in the State of Va.
The effect of said wound has destroyed the nerve of the said left
hand in a degree that renders it entirely useless for performing
manual labor, the only means of support.
The affiant further testifies that in 1889 he was afflicted with Gout
together with Rheumatism and Chorea which has affected the
nerve system and weakened the spine and that the said diseases
have continued to a degree that incapacitates him for performing
manual labor, the least exertion develops into a nervous shock
or spasm and that the said wound and diseases are of a
permanent character.

David O. Rummel

Mahlon B. Hicks

If affiant signs by mark, two persons who can write sign here.

Signature of Affiant.

State of Maryland, County of Baltimore, ss:

Sworn to and subscribed before me this 11th day of April, A. D. 1898,
by the above-named affiant, and I certify that I read said affidavit to said affiant, including all the words
..... erased,
and all the words..... added, and acquainted him
with its contents before he executed the same. I further certify that I am in nowise interested
in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me,
and that he is an credible person.

(L. S.) (Certificate on file)

Samuel H. Brown
Official Signature.
Justice of the Peace
Official Character.

I,, clerk of the County Court in and for
aforesaid County and State, do certify that..... Esq.,
who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing.....
..... in and for said County and State duly commissioned and sworn;
that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.
Witness my hand and seal of office, this..... day of..... 1898.

[L. S.]

Clerk of the.....

This affidavit may be sworn to before any officer authorized to administer oaths. If executed before a Notary or Justice, however, the certificate of Clerk of Court should be attached, showing official capacity of said Notary or Justice, if such certificate be not already on file.

ADDITIONAL EVIDENCE.

CLAIM OF

Maryland B. H. H. H.

Late..... in Cal. 176th Reg't.

of San Francisco Vols.

Character of Claim.

Original - Detal. H. H. H. H.
No. 100 100

CLAIMANT'S AFFIDAVIT.

FILED BY

J. B. Cralle & Co.,
Pension Attorneys,
CRALLE BUILDING,
108 C Street, N. W.,
WASHINGTON, D. C.

PHYSICIAN'S AFFIDAVIT.

PROOF OF PHYSICAL OR MENTAL DISABILITY

Act of June 27, 1890.

IMPORTANT.—The affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions must be carefully observed before writing out the statement.

State of Md. Baltimore County of _____

In the matter of the application for pension of William B. Hatcher

On this 11 day of June, A. D., 189 8, personally appeared before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths, Dr. J. H. Wilson, aged 52 years, a resident of Frederickburg in the County of Baltimore and State of Maryland, whose Postoffice address is Frederickburg and well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

that he is a practicing Physician and has known the claimant for 12 or 13 years, and has treated him during that time frequently. During the spring of 1870 he had a severe attack of "Grippe" which left him disabled. In latter part of 1873 and early part of 1874 he had a severe attack of acute Rheumatism from which he has been disabled & of which he has been a sufferer ever since. The Grippe & Rheumatism has permanently weakened his nervous system. Since Oct. 2, 1877, these diseases together with a gunshot wound of the hand has made him unable to do manual labor (Hard work). The disabilities he has are not due to vicious habits.

Instructions!
Read
Carefully.

The physician making a statement on this blank should state fully and explicitly all the disabilities of a permanent character, either mental or physical, from which the claimant has suffered from date of filing his application

up to the present time, and to what extent, in his opinion, the claimant has been disabled by reason of said disabilities for the performance of manual labor (hard work), whether partially, or entirely, as the case may be. He should also particularly state that the disabilities are not due to vicious habits, if, as a matter of fact, they are not.



PHYSICIAN'S AFFIDAVIT.

CLARENCE OF

Walter B. Hicks

Late *Wm. C. C.* in Co. *C.* 118 Reg't.

of Mr. Child: Vols.

FOR
General Law and Federal Cases 2749

ORIGINAL INVALID PENSION.

No. J. 083.541

RECEIVED BY

J. B. Cralle & Co.,
Pension Attorneys,
CRALLE BUILDING,
108 C Street, N. W.,
WASHINGTON, D. C.

Act of June 27, 1890.

NEIGHBORS' AFFIDAVIT.

This blank can be used for affidavit of **ONE WITNESS**, or for **TWO WITNESSES** having knowledge of the same facts.

State of Md County of Baltimore , ss:

In the matter of the application for pension of Mahlon B. Herkes

late a Private in Co. A of the 14th
Reg't of Pa Vols., for One year or during the war

Important!

1st. State your occupation and that of the claimant; state how long you have known him and how near you reside to him, state how often you see him and whether or not you have ever employed him, worked with him, or for him.

2d. State all physical or mental disabilities of a permanent character from which the claimant has suffered from the date of his application for pension to the present time; describe the symptoms of all his disabilities and just how he has been affected thereby, and how you know him to be suffering from them, and to what extent you consider he has been disabled for performing manual labor (hard work) from the date of filing his application

Oct. 9th
1897

up to the present time, by reason of said disabilities, whether 1, 2, 3, 4, or entirely, as the case may be.

It is necessary to state the degree claimant has been disabled during all of the time from date of filing application to the time of making this affidavit. Don't fail to cover all of the time or else the affidavit will be useless.

3d. Also state, without fail, that the claimant's disabilities are not due to vicious habits, if, as a matter of fact, they are not.

On this 11th day of June , A. D., 189 8 , personally appeared before me, a Justice of peace in and for the aforesaid County, duly authorized to administer oaths, Richard Harris , aged 54 years, a resident of Fushburg in the County of Baltimore and State of Md , whose Postoffice address is Fushburg Po Balt Md and aged years a resident of in the County of and State of whose Postoffice address is and well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

That I have been well and personally acquainted with Mahlon B. Herkes for 11 years, and years, respectively and that I am a Carpenter By Occupation as a Carpenter the claimant and I have known him for 11 years I reside with him 1/4 of a mile from him I have resided with him while he has been suffering from Rheumatism I never employed him or worked with him in Baltimore I have seen him since he has been disabled every day since he has not at present I have all so seen him endeavoring to work at different times but his Rheumatism has done more from the effect of Rheumatism Lumbago these disabilities have entirely incapacitated him for performing manual labor. He can no longer support himself and his family and these disabilities are not due to vicious habits and have continued from the date of his application to the present time.



J. H. Cralle & Co.,
Pension Attorneys,
CRALLE BUILDING,
108 C Street, N. W.,
WASHINGTON, D. C.

CLAIMANT'S AFFIDAVIT.

State of Md Baltimore County of Baltimore, ss:

In the matter of Mahlon B. Hicks

late a Private in Co. A of the 74th
Reg't of Pennsylvania Vols., for the war of the Rebellion

On this 16 day of June, A. D., 189 8, personally appeared
before me, a Justice of Peace in and for the aforesaid County, duly authorized to administer
oaths, Mahlon B. Hicks, aged 61 years, a resident of Boring
in the County of Baltimore and State of Maryland, whose
Postoffice address is Boring and well known to me to be

reputable and entitled to credit, and who, being duly sworn, declares as follows:

That Mahlon B. Hicks is the claimant in
the above-mentioned cause, and that he enlisted in company A
74th Reg't Pennsylvania Vols. under the name
correctly spelled Mahlon B. Hicks



If affiant signs by mark, two persons who can write sign here.

Mahlon B. Hicks
Signature of Affiant.

State of Md, County of Baltimore, ss:
Sworn to and subscribed before me this 16th day of June, A. D. 1898
by the above-named affiant, and I certify that I read said affidavit to said affiant, including all the words
..... erased,
and all the words..... added, and acquainted him
with its contents before..... me..... executed the same. I further certify that I am in nowise interested
in said case, nor am I concerned in its prosecution; and that said affiant..... personally known to me,
and that he is a..... credible person.

(L. S.)

on file

R. Hooker Lill
Official Signature.
Justice of the Peace
Official Character.

I,..... clerk of the County Court in and for
aforesaid County and State, do certify that..... Esq.,
who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing.....
..... in and for said County and State duly commissioned and sworn;
that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.
Witness my hand and seal of office, this..... day of..... 189 .

(L. S.)

Clerk of the.....

This affidavit may be sworn to before any officer authorized to administer oaths. If executed before a Notary or Justice, however, the certificate of Clerk of Court should be attached, showing official capacity of said Notary or Justice, if such certificate be not already on file.

ADDITIONAL EVIDENCE.

CLAIM OF

Mahlon J. Fisher

Date..... in Vol. 178 Reg't.

of Pa. Light Vols.

Character of Claim.

Original - Set of June 27 1890
No. 1063 541

CLAIMANT'S AFFIDAVIT.

FILED BY

J. B. Cralle & Co.,
PENSION ATTORNEYS,
CRALLE BUILDING,
108 C Street, N. W.,
WASHINGTON, D. C.

CLAIMANT'S AFFIDAVIT.

State of Maryland County of Baltimore, ss:

In the matter of Mahlon B. Hicks

late a Private in Co. A of the 74th
Reg't of Penn Vols., for the war of the Rebellion

On this 13th day of July, A. D., 1898, personally appeared before me, a Justice of the Peace and for the aforesaid County, duly authorized to administer oaths, Mahlon B. Hicks, aged 61 years, a resident of Boring in the County of Baltimore and State of Maryland, whose Postoffice address is Boring and well known to me to be reputable and entitled to credit, and who, being duly sworn, declares as follows:

That he is the identical Mahlon B. Hicks is the claimant in the above-mentioned cause, and that he enlisted in Company A 74th Regt Penna Vols., under the name of Mahlon B. Hicks and always written and spelled his name in an other way, and that his full name is Mahlon Burlington Hicks.



Mahlon B. Hicks

Signature of Affiant.

If affiant signs by mark, two persons who can write sign here.

State of Maryland County of Baltimore, ss:

Sworn to and subscribed before me this 18 day of July, A. D. 1898,
by the above-named affiant, and I certify that I read said affidavit to said affiant, including all the words
....., and all the words..... added, and acquainted him
with its contents before..... I..... executed the same. I further certify that I am in nowise interested
in said case, nor am I concerned in its prosecution; and that said affiant..... personally known to me,
and that he is a credible person.

(L. S.)
certification file

R. Hooker Gill Jr
Official Signature.
Justice of the Peace
Official Character.

I,..... clerk of the County Court in and for
aforesaid County and State, do certify that..... Esq.,
who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing.....
..... in and for said County and State duly commissioned and sworn;
that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.
Witness my hand and seal of office, this..... day of..... 1898.

[L. S.]

Clerk of the.....

This affidavit may be sworn to before any officer authorized to administer oaths. If executed before a Notary or Justice, however, the certificate of Clerk of Court should be attached, showing official capacity of said Notary or Justice, if such certificate be not already on file.

ADDITIONAL EVIDENCE.

CLAIM OF

Maryland State

Date..... in Co. 11th Reg't

of 1st Inf'ty Vols.

Character of Claim.

Claimant's Name
No. 1083.544

CLAIMANT'S AFFIDAVIT.

Act of Jan'y 27, 1878
and Dec'r 2, 1878
and Dec'r 2, 1878

I. B. Cralle & Co.

Pension Attorneys,

CRALLE BUILDING,

108 C Street, N. W.,

WASHINGTON, D. C.

(No. 24.)

POWER OF ATTORNEY.

Know all Men by these Presents, That I, Mahlon B. Hicks
Late 2^d Lieut. Company No. 178 Regt Penna Infantry

of Fowblsburg, in the County of Baltimore, and State of Maryland,
have made, constituted, and appointed, and by these presents do make, constitute, and appoint
Jeremiah Evans, of Berwick Pennsylvania,
my true and lawful Attorney, for me and in my name, place, and stead, hereby annulling and
revoking all former Powers of Attorney whatever in the premises, to prosecute before any
Department, or the Courts, or Committees of Congress of the United States until final completion,
for me, my Claim for Pension Under General Law which
I believe has been neglected by my former Attorney
they having neglected it for over the required
time and I hereby Annul any Fee Agreement
between my former Attorneys and myself and that
I know place my case in the hands of said Jeremiah
Evans, to

and to, from time to time, furnish any further evidence necessary, or that may be demanded,
giving and granting to my said attorney full power and authority to do and perform all and
every act and thing whatsoever requisite and necessary to be done in and about the premises,
as fully to all intents and purposes as I might or could do if personally present at the doing
thereof, with full power of substitution and revocation, hereby ratifying and confirming all that
my said Attorney or his substitute, may, or shall lawfully do or cause to be done by
virtue hereof.

My Post Office address is Fowblsburg, Balt. County, Md.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal, this fifth
day of May, seventeen, eighteen hundred and 1900

W. R. Hise
H. S. Ball

Two witnesses who can write sign here

Mahlon B. Hicks
(Signature of Claimant.)

[L. S.]



State of Maryland, County of Baltimore, ss:

BE IT KNOWN, That on this 5th day of May,
in the year 1900, before me, the undersigned, a
Justice of the Peace in and for the said County and
State, personally appeared Mahlon B. Hicks
to me well known to be the identical person who executed the foregoing Letter of Attorney, and
the same having been first fully read over to him and the contents thereof duly explained,
acknowledged the same to be his act and deed, and that I have no interest, present or
prospective, in the claim.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my seal of office,
the day and year first above written.

[Stamp: Certificate on file in Court Division]
[L. S.] *[Signature]*

Samuel H. Brown
(Official Signature.)

Justice of the Peace
(Official Character.)

I, _____, Clerk of the County Court in and for
aforesaid County and State, do certify that _____, Esq.,
who has signed his name to the foregoing declaration and affidavit, was, at the time of so
doing, _____ in and for said County and State, duly
commissioned and sworn; that all his official acts are entitled to full faith and credit, and that
his signature thereunto is genuine.

Witness my hand and seal of office, this _____ day of _____, 18____

[L. S.] Clerk of the _____

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or
JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY
COURT must add his certificate of character hereon, and not on a separate slip of paper.

Inv. 7 Cit. in on
exp. 3 972.189
POWER OF ATTORNEY.

No. 4483541
CLAIM OF

Mahlon B. Hicks

Exhibit Co. 16 178 Power of Att.

FOR

[Stamp: MAY 16 1900]
[Stamp: JUN 8 1900]

FILED BY

Lawrence Evans City

Baltimore

Co. of Columbia, Pennsylvania

Printed and For Sale by J. F. Sherry, Claim Blank Printer,
No. 623 D Street, N.W., Washington, D. C.

[Stamp: RECORD MAY 16 1900]

ACT OF

July 14, 1862
Reissue CLAIM.

Ch. No. 972/189

BRIEF FOR REOPENING.

Claimant Mahlon B. Hicks Soldier Mahlon B. Hicks
 P. O. Boring Rank Priv.
 County Baltimore Company A
 State Md. Regiment 74 Pa. Vol. Inf.

Claim under act of July 14, 1862 filed July 26, 1895 and based upon wound of left hand
 was rejected Aug 6, 1896 upon ground of no record & claimant's declared inability to establish origin.

Evidence indicated below and filed since above rejection is not deemed sufficient to warrant reopening of claim

Indefinite and does not show a personal knowledge of facts.
 (If not sufficient give reasons for same here.)

Affiants have personal knowledge that claimant's alleged wound of left hand was received in line of duty.
[See S. E. Reports]

Aug 19, 1899 A. Jones Ex'r. Adjud. Div.
April 29, 1902 Rosie Ex'r. Adjud. Div.
189 Ex'r. Adjud. Div.

Respectfully referred to the

for opinion as to whether the
 evidence indicated below and filed since rejection named
 above warrants

The evidence indicated by Adjudicating Division does
 warrant

189 Ex'r.
 189 C. Div.
 189 Ex'r.
 189 C. Div.
 (Reference to Med. Ref. or Law Clerk.)

189 Ex'r.
 189 C. Div.
 189 Ex'r.
 189 C. Div.
 (To be approved by Med. Ref. or Law Clerk.)

EVIDENCE FILED WITH A VIEW TO REOPEN CLAIM.

Nov 12, 1898 Testimony of John Robert Lamb & Thies
Sept 10, 1899 Testimony of Queen Sully, Sampson, Jalk & Philip Sponenberger
 189 Testimony of
 189 Testimony of
 189 Testimony of

Attorney: Jenkin Evans, Berwick, Pa.

GENERAL AFFIDAVIT

State of Pennsylvania, County of Columbia, ss:
 In the matter of Claim of Myself as Mahlon B. Hicks Late 2
Lieutenant Company No 178 Regiment Pennsylvania Militia
 ON THIS 27 day of August, A. D. 1901, personally
 appeared before me Justice of the Peace in and for the afore-
 said County, duly authorized to administer oaths Claimant Mahlon B. Hicks
 aged 64 years, a resident of Fowbleburg, in the County
 of _____, and State of Maryland
 whose Post-office address is Same
 _____, aged _____ years, a resident of _____
 _____, in the County of _____,
 and State of _____, whose Post-office address is _____

well known to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows: That in Reply to the Enclosed Circular Letter
That he was requested, to furnish testimony of Eye
Witness, to his wound, which he was unable to do for
the following reason, that at the date he was called
on for that testimony, the only two Eye Witnesses were
deceased, consequently he could not furnish their
testimony, at the time he was wounded on the 5 day of
July 1863, he had been placing the Pickets on their posts
at or near White House Landing in the State of Virginia
and was in the act of returning his sword into the
scabbard, when he was struck between his forefinger
and thumb injuring the metacarpal bone, lacerating
the hand and second finger of left hand, his condition
from the wound that if he had to rise as soon he would
have gone to hospital, but he having his right hand
and being an Officer, he had the wound dressed and
carried his wounded hand in a sling for sometime and
remained on duty, that he has already furnished the
testimony of comrades who knew he was wounded and
he can furnish others of his Company, who well knew
him to be wounded that his disability is now so great from
said wound that his hand is almost useless,

He further declare that he has _____ interest in said case and is
 _____ concerned in its prosecution.

Mahlon B. Hicks

(If Affiant sign by mark, two witnesses who will sign here)

(Signature of Affiant)



STATE OF Pennsylvania, COUNTY OF Columbia, ss:

Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said affidavit to said affiant, including the words _____

_____ erased, and the words _____

_____ added, and acquainted him

with its contents before he executed the same. I further certify that I am in nowise inter-

ested in said case, nor am I concerned in its prosecution; and that said affiant is personally

known to me and that he is a credible person.

Th. A. Kitchen
(Official Signature.)

[L. 1.]

Justice of the Peace
(Official Character.)
My Certificate on File in Dept.

I, _____, Clerk of the County Court in and for afore-
said County and State, do certify that _____

Esq., who has signed his name to the foregoing declaration and affidavit, was, at the time of so doing _____

_____ in and for said County and State, duly commissioned and sworn;

that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this _____ day of _____, 1 _____

[L. 2.]

Clerk of the _____

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

ADDITIONAL EVIDENCE.

CLAIM OF

Mellon B. Hicks
Company 16178 Regiment
United States Militia

AFFIDAVIT OF

Claimant

No. 972189

FILLED BY

JENKIN EVANS, AUY.
BERWICK, PA.

Issued and For Sale by J. B. Smith, Clerk, at the
City of Harrisburg, Pa., at the _____

SPECIAL NOTICE.—The civil officer before whom this affidavit is executed should be careful to fill in all spaces, both in the caption and jurat.

GENERAL AFFIDAVIT.

State of Pennsylvania, County of Columbia, ss:

In the matter of Claim of Mahlon B. Voick, Company "No 178" Regiment
Pennsylvania Drafted Militia

ON THIS 7th day of September, A. D. 1901, personally appeared before me
a notary public in and for the aforesaid County, duly authorized to administer
oaths Owen Sult aged 60 years, a resident of Brian-Crest Township
in the County of Columbia, and State of Pennsylvania
whose Post-office address is Berwick, County of Columbia Pennsylvania
well known to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid
case as follows: That I well knew Claimant Mahlon B.

Voick he was Second Lieutenant of Company No of
(NOTE.—Affiant should state how he gains a knowledge of the facts to which he testifies.)
the 178th Regiment Pennsylvania Drafted Militia
And your Affiant was a private of the said
Company. And on the third day of July 1863
While your Affiant was on the picket line at
or near White House Landing, and while the Claimant
was placing the pickets, he was struck by a spent
ball between the fore finger and thumb lacerating
the part and also the middle finger left hand.
I saw the wound right away and was close by when
it occurred, I know that Samuel Sproumberg deceased
tore a piece of his Coat and dressed the wound, and that
he remained with the Company carrying his hand in a
sling for some time, And I know that he was struck by a
spent Ball from the Enemy. My means of knowledge of the
facts are from a personal knowledge being on the ground
and know of the facts which I testify to.

I further declares that I have no interest in said case and am not concerned in its prosecution.

(If Affiant signs by mark, two witnesses who can write sign here.)



Owen Sult
(Signature of Affiant.)

STATE OF Pennsylvania, COUNTY OF Columbia, ss:

Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said affidavit to said affiant, including the words.....

.....erased, and the words.....

.....added, and acquainted him

with its contents before he executed the same. I further certify that I am in nowise inter-

ested in said case, nor am I concerned in its prosecution; and that said affiant is personally

known to me and that he is a credible person.

[L. S.]

John W. Evans
(Official Signature.)

NOTARY PUBLIC.

MY COMMISSION EXPIRES FEB. 2, 1905

(Official Character.)

Berwick, Pa.

To be executed before a Court of Record or some officer thereof having custody of its seal a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk, unless such certificate is already on file in the Pension Office, when such fact should be stated.

Division

Pension

No. 972189

ADDITIONAL EVIDENCE.

CLAIM OF

Malcolm B. Hicks Company
"No. 178 Regiment Pennsylvania
Drafted Militia

AFFIDAVIT OF

FILED BY

JENKIN EVANS, ATT'Y,
BERWICK, PA.

Printed and for sale by John F. Shelly, Claim Blank Printer,
113-115 Ninth Street, N. W., Washington, D. C.

SPECIAL NOTICE.—The civil officer before whom this affidavit is executed should be careful to fill in all spaces, both in the caption and jurat.

GENERAL AFFIDAVIT.

State of Pennsylvania, County of Columbia, ss:

In the matter of Claim of Mahlon B. Vicks. Late Company "H" 178th Regiment—Pennsylvania Drafted Militia

ON THIS 7th day of September, A. D. 1901, personally appeared before me
a notary public in and for the aforesaid County, duly authorized to administer

oaths Philip Sporenberger aged 61 years, a resident of Berwick,

in the County of Columbia, and State of Pennsylvania

whose Post-office address is Berwick, County of Columbia Pennsylvania

well known to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows: That I well know the Claimant Mahlon B.

Vicks Second Lieutenant of Company "H" 178th Regiment—
(NOTE.—Affiant should state how he gains knowledge of the facts to which he testifies.)

Pennsylvania Drafted Militia. And your Affiant was

a Member of Same Company. When the Claimant

was wounded on the picket line on the 3rd day

of July 1863, your Affiant was detailed in the Ambulance

Corps and was away from the place where he was

wounded about 400 yards, and knew of the Occurrence

My Brother who was a Member of Same Company informed

me that he was hit by a spent ball from the Enemy and that

he tore a piece from the pocket of his Coat and dressed the

wound for him and I saw it the next morning, and that

he carried his hand in a sling for some time, and remained

with his Company. I know that he was wounded between

the fore finger and Thumb of left hand, also Middle

finger of Same hand, while not actually present when it

Occurred I am positive he was hit with a spent Ball

as stated from the Enemy

I further declares that I have no interest in said case and am not concerned in its prosecution.

Philip Sporenberger
(Signature of Affiant.)

(If Affiant signs by mark, two witnesses who can write sign here.)



STATE OF Pennsylvania, COUNTY OF Columbia, ss:

Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said affidavit to said affiant, including the words

erased, and the words

added, and acquainted him

with its contents before he executed the same. I further certify that I am in nowise inter-

ested in said case, nor am I concerned in its prosecution; and that said affiant is personally

known to me and that he is a credible person.

[L. S.]

John W. Evans
(Official Signature.)

NOTARY PUBLIC.

MY COMMISSION EXPIRES FEB. 20, 1908

(Official Character.)

Berwick, Pa.

To be executed before a Court of Record or some officer thereof having custody of its seal a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk, unless such certificate is already on file in the Pension Office, when such fact should be stated.

Division

Pension

No. 972189

ADDITIONAL EVIDENCE.

CLAIM OF

Charles B. Berwick

Company No. 178th Regiment

Pennsylvania Dragoon Militia

AFFIDAVIT OF

FILED BY

JENKIN EVANS, AMY
BERWICK, PA.

Printed and for sale by John F. Sherry, Claim Blank Printer,
413-415 Ninth Street, N. W., Washington, D. C.

SPECIAL NOTICE.—The civil officer before whom this affidavit is executed should be careful to fill in all spaces, both in the caption and jurat.

GENERAL AFFIDAVIT. ✓

State of Pennsylvania, County of Columbia, ss:

In the matter of Claim of Mahlon B Vicks Late Lieutenant of
Company "H" 178th Regiment Pennsylvania Drafted Militia

ON THIS 14th day of September, A. D. 1901, personally appeared before me
a Notary Public in and for the aforesaid County, duly authorized to administer
oaths Sampson Folk aged 62 years, a resident of Koonsville,
in the County of Luzerne, and State of Pennsylvania
whose Post-office address is Koonsville, County of Luzerne Pennsylvania
well known to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid

case as follows: That your Affiant was a Member of Company
H of the 178th Regiment Pennsylvania Drafted Militia And
(Note.—Affiant should state how he gained a knowledge of the facts to which he testifies.)
he well knew the Claimant Mahlon B. Vicks who
was our Second Lieutenant, and that I well remember
the Occurrence of his being Wounded while on the Picket
Line near White House Landing, Virginia on the third
day of July 1863, he was struck by a spent Ball between
the thumb and fore finger of left hand lacerating
the part and also the second finger, he had the Wounds
Dressed And remained with his Carrying his hand in
a sling fore sometime, I saw the Wound myself
And know that he received said Wound from the
Enemy. he was in the Act of Returning his sword into
the Scabbard when struck, have not seen him for
a period of 21 years until to day. And know nothing
of his Case since we were discharged from the
Army in July 27th 1863.

I further declares that I have no interest in said case and am not concerned in its prosecution.

Sampson Folk
(Signature of Affiant.)

(If Affiant signs by mark, two witnesses who can write sign here.)

STATE OF Penn., COUNTY OF Columbia, ss:

Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said affidavit to said affiant, including the words.....

.....erased, and the words.....

.....added, and acquainted him

with its contents before he executed the same. I further certify that I am in nowise inter-

ested in said case, nor am I concerned in its prosecution; and that said affiant is personally

known to me and that he is a credible person.

[L. S.]

J. Jacoby
(Official Signature.)

Notary Public
(Official Character.)

Berwick Pa.
Com Exp. 3/8/03.

To be executed before a Court of Record or some officer thereof having custody of its seal a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk, unless such certificate is already on file in the Pension Office, when such fact should be stated.

Division

Pension

No. 972189

ADDITIONAL EVIDENCE.

CLAIM OF

Mathew B. Hicks

Company "H" 178th Regiment

Pennsylvania Drafted Militia

AFFIDAVIT OF

Sampson Holt

RECEIVED.

SEP 23 1901

FILED BY

JENKIN EVANS, ATT'Y
BERWICK, PA.

Printed and for sale by John F. Sherry, Claim Blank Printer,
413-415 Ninth Street, N. W., Washington, D. C.

Wrecking Iron
3-2905
Rise (Old No. 3-490)
S. E. D.

No. 773, 1st
Claimant: *William B. Hicks*
Soldier: ...
P. O. address: *Hamlet, N.C.*
County: *Cata* State: *N.C.*
Recommendation: *See Civil War*

L. R. FINLEY
Special Examiner.

REFERENCE.

190

Will do

Chief S. E. Division.

RECOMMENDATION.

190

Reviewer.

ACTION.

190

Commissioner.

MIDDLE DIV
APR 25 1902
RECEIVED.

APR 25 1902

Room # 20, P. O. Bldg.,
Scranton, Lacka Co., Pa.

April 23, 1902

Hon. Commissioner of Pensions,

Washington, D.C.

Sir:

I have

the honor to return herewith
a creditably improving, together
with a deposition taken in
the claim, W.O. 972, 109, Nathan
B. Hicks, Co. H, 178th Inf. N.Y.
reg Co. 4, 74 Pa. Inf., & to submit
my report therein.

The witness stands well
in the community for truth &
his testimony, so far as it goes,
is entitled to due credence.

It appears from his depo-
sition that he was not present
when the alleged gunshot wound
was received, but saw it after
the claimant returned to camp.

Very respectfully,
J. R. Finney

N. B.—Examiners should be particular to have affiants sign on the line next below the closing words of their depositions, so as to leave little or no space between their signatures and the end of their depositions.

3-290.
(04 No. 3-156.)

DEPOSITION *A*

Case of *Washlon B Hicks*, No. *972, 189*

On this *22* day of *Apr.*, 1902, at
Keamsville, County of *Greene*
State of *Pa.*, before me, *L. R. FINNEY*,

a special examiner of the Bureau of Pensions, personally appeared
William Sack, who, being by me first duly sworn to
answer truthfully all interrogatories propounded to him during this special
examination of aforesaid claim for pension, deposes and says: I am 62
years of age; my post office address is *Keamsville, Pa*

occupation a farmer
I served in *Co. 96, 4th*
Regt. Pa. Mil. from Jan. 1862 to
July 27, 1863. I was with the
Co. at the time.

I met *Washlon B. Hicks*, about the year 1857,
at *Keamsville, Pa.* We were
acquainted at that time.

I did not know or meet
him again until he was *Ad Capt.*
in the *1st Pa. Cav.* the service
in which he was promoted as
2d Lt.

Q. Did you know about
his *recognition* or *recognition* or
contracted any disease while
in the service?

A. I recall that *Washlon B. Hicks* was
in camp at *St. Michaels, Md.*,
near *Williamsburg, Va.*, about
the early part of *July 1863*, the
claimant came to camp from
Keamsville, Pa. and he had
one of his hands *bed*

and I asked him what was the matter with his head, and he said that he received a gunshot wound in the front of his head in its scabbard. I think he was wounded in the left hand.

Q. Did you see the wound anywhere?

A. Yes, sir.

Q. Where was it located and how did it look?

A. I was between the front and the back of his head, and the appearance of being made by a bullet. It did not look like a very bad wound. He soon after left for Washington. He suffered some one fall, when we were mustered out at Washington, D.C. I don't remember, or perhaps he had his head bandaged up with some kind of a cloth.

I was not with him when he received the wound and don't know when he got it, except that he was in the line when the regiment was mustered out. I was doing light duty in the camp and not with the regiment when a claimant was wounded. The company was in the camp at the time, and I recollect.

I was sent to hospital at Washington, and don't know more about the claimant after that. I don't know where

left hand, will refer to when
we get to the subject of agency
there is all that I know, as
to his disability.
I am, not a relative, have no
interest in any and am correctly recorded.

Sampson Tolke

Deponent.

I read to and subscribed before me this 22 day of Feb
1902 and I certify that the contents were fully made known to deponent before signing.

Page

5

Deposition

A

6-3

G. R. Thomas
Special Examiner.

Mid. Div.

ER, Ex'r.

Incert. No. 972,189, Department of the Interior,
Mahlon B. Hicks,
Co. A. 74 Pa. Infy.
Co. H. 178 Pa. Dftd. Infy.
Washington, D. C., Jan'y. 27, 1902

BUREAU OF PENSIONS.

Sir:

In the above-entitled claim, Sampson Folk, W. 031
P. O. address was Koonsville, Pa.
[Give street and number.]
testified before L. S. Jacoby, a Notary Public
in Columbia county, Pa., on Sept. 14, 1901
that while on picket duty July 3, 1863, and while
in act of placing his sword in its
scabbard Mahlon B. Hicks was wounded
in left hand by a bullet from the
enemy.

[Examine affiant thoroughly as to
his personal knowledge of manner of
infliction of wound and its nature.]

Please refer this letter to a special examiner with instructions to ascertain the witness' reputation
for veracity, and his knowledge of the matters set forth above.

The claimant's name and address is Mahlon B. Hicks, Fowblesburg,
Baltimore Co., Md.

The attorney's, Jenkin Evans, Berwick, Pa.

Very respectfully,

The Chief of the
Special Examination Division.

F. W. Field

Chief Middle Division.

Mid. Div.
Ins. Cert. No. 972,189.
Maklon B. Hicks,
Co. A 74 Pa. Inf.
Co. H. 178 Pa. Inf. Mil. Inf.

Name of witness:

Sampson Folk

SPECIAL EXAMINATION DIVISION,
BUREAU OF PENSIONS.

Washington, , 190.

Respectfully referred to Mr.

L. R. Finner, Special
Examiner at

who will interview the witness and report on his credibility. No deposition should be taken unless it appears that the affidavit sets forth matters not within the witness' personal knowledge, but if taken, it should be made on the usual deposition-blank and attached hereto; and should show what the witness personally knows of the facts, his means of knowledge, and any improper practice in connection with the preparation of the affidavit.

By direction of the Commissioner:

Chief, S. E. Division.

, 190.

Respectfully returned to the Chief of the
Division.

Chief, S. E. Division.

THE COMMISSIONER OF PENSIONS.

Sir:—I certify that I have personally interviewed and questioned

replicas indicated full knowledge of the facts stated in his affidavit.
the witness referred to herein, and that he

I further certify that his reputation for veracity is

good

L. R. FINNER

Special Examiner.

1
Baltimore, made to me by
Mar. 23, 1902

Claimant's Appeal to the Secretary of the Interior.

State of *Maryland*, County of *Baltimore*, ss:ON THIS *7th* day of *May*, A. D. one thousand *2* hundred
and *Two*In the matter of Claim for *Pension* No. *972189*
Mahlon B. Hicks Claimant.Personally came before me, a *Justice of the Peace* in and for
aforesaid County and State *Mahlon B. Hicks*aged *40* years, late *2nd Lieut*, Company *'6'* *178th*Regiment *Pennsylvania* Volunteers, a citizen of the Town of *Boring P.O. Carrier*
number one County of *Baltimore* State of *Maryland*.well known to me to be reputable and entitled to credit, and who
being duly sworn, declares in relation to the aforesaid case as follows:That his claim for *Pension* Pension No. *972189* having been rejected for
the following reasons: *the Record of the War Department failed*
to show origin of wound of left hand in service
(Here state the reason why rejection was made.)and that the extent of his disability is *Almost total use of left hand*
does or can make very little use of it.
(State fully the extent to which the disability interferes with manual labor.)

The Claimant appeals for a Reconsideration of his said claim *that he has Ample*
(Here state fully the reason why a review of the facts should be made.)
proof by the testimony of Owen Bull and Hampshire
Folk who were with him on the Skirmish line
when he received the wound, also the testimony of other
Comrade who seen the wound immediately after it
was Received and several others of his Comrades
Testify as to his receiving the wound and in line of
duty, we also show why there is no record Evidence
of his wound because he did not go off duty but
remained on duty with the wounded hand tied
up and in a sling, and he feels because he was
brave enough to stay on duty and there being no
record Evidence of his wound, after his having
proven it most clearly he must be denied that
which rightly belongs to him. The reason that he
said he could not furnish the testimony was he
had left the place and his former home and did
not know the whereabouts of those Comrades who
were with him on the Ficket line at the time he
was wounded, and he has since found them
and sent in their testimony which proves beyond
doubt

A Doubt of his being wounded in the line of Duty

He hereby appoints, with full power of substitution and revocation

Jerkin Evans of *Berwick Pennsylvania* as his true
and lawful attorney, to prosecute his claim. His Post Office address is *Boring*
Carrier No 1. Baltimore County State of Maryland

Mary E Hicks

Mahlon B Hicks

Mary E Brainerd
(Two persons who write must sign here.)

(Signature of Claimant.)

STATE OF *Maryland* COUNTY OF *Baltimore*, ss:

Sworn to and subscribed before me this day by the above named affiant, and I certify that
I read said affidavit to said affiant, including the words

erased, and the words

added, and acquainted *him* with its

contents before *him* executed the same. I further certify that I am in nowise interested

in said case, nor am I concerned in its prosecution; and that said affiant *is* personally

known to me and that *he is a* credible person.

Certificate in file
[L. S.]

Samuel C. Brown
(Official Signature.)

Justice of the Peace
(Official Character.)

I, _____, clerk of the County Court in and for
aforesaid County and State, do certify that

Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so
doing _____ in and for said County and State, duly

commissioned and sworn; that all his official acts are entitled to full faith and credit, and that
his signature thereunto is genuine.

Witness my hand and seal of office, this _____ day of _____, 18____.

[L. S.]

Clerk of the _____

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or
JUSTICE OF THE PEACE. If before a JUSTICE, or NOTARY then CLERK OF COUNTY
COURT must add his certificate of character hereon, and not on a separate slip of paper.

APPEAL
FOR
RECONSIDERATION.

IN CLAIM FOR

Original Pension

No. 972189

AFFIDAVIT OF

Mahlon B Hicks

Claimant

Co. 16

178 Reg't.

Pennsylvania Vols.



FILED BY

JEKIN EVANS, Notary
BERWICK, PA.

Printed and For Sale by J. F. Sherry, Chain Blank Printer,
628 O Street, N. W., Washington, D. C.

Sunbury, New Hampshire, Pa.
April 5, 1902

Sir,
I have the honor to return herewith
two credibility inquiries in the
pension claim of Mahlon D. Hicks,
Ch. No. 972, 189, with the depositions
of the witnesses
Philip Sporenberger (Dep. a)
and Owen Sult (" C)

The witnesses bear good reputations
for veracity.

Philip Sporenberger is intelligent and
of sound mind and memory.

Owen Sult is illiterate and of
poor memory.

Respectfully,
Very respectfully,

D. Thaler
Special Examiner

The Hon. Commissioner of Pensions,
Washington, D.C.

DEPOSITION *a*

Case of *Maxlow B. Hicks* et No. 972, 189

On this *1* day of *April*, 1902, at
Prier Creek Township, county of *Columbia*
State of *Pennsylvania*, before me, *F. Phalen*, a
special examiner of the Bureau of Pensions, personally appeared

Philip H. Hoenesberger, who, being by me first duly sworn to
answer truly all interrogatories propounded to him during this special
examination of aforesaid claim for pension, deposes and says:

I am born of age, Farmer, P.O. address
Depewick, Columbia Co., Pa. Not related, No兵,
Served with Co H 178th Regt Wd Mt from
Aug. 1862 to the end of about 9 months.

I first became acquainted with Soldier when
Abey. We both lived in this County but not
in the same township. I was a private,
Soldier was our orderly Sergeant.

Well when we went up on our march
near Whitehouse Landing Pa. he got
wounded in his hand the 1st - 1863

I did not see him when he got wounded
but I was about 400 yds. from him I was
in the Ambulance Corps at the time.

I saw the hand the following day.
My brother Sam (dead) belonged to the same
Co and bunked with me at the time
and he told me, as near as I can
recollect, either the same evening or
the next morning that he saw the accident,
that he was near the Soldier when it
occurred, it happened as I understood
from Sam's bursting of a shell from
the enemy. Sam also told me at that time
and subsequently that he saw took a
chick tobacco and put it right on
to the place that was hurt and
he tore a piece of his blouse and
bound the hand up. I saw.

the wound the following day and the soldier had his hand tied up after that for quite a while.

I have not seen Soldier very many times since discharge, not of late, I met him at least once a year for the ten years or more next succeeding the date of discharge and he complained more or less of that hand those times. I met him couple of times since he returned to Baltimore and he complained more of that hand those times than before.

I heard you read my affidavit of Feb 7, 1901, I certify that the statements contained in said affidavit are true.

I have heard the foregoing and questions understood, usually correctly recorded, my brother may have taken a piece of his pocket to bind the injured hand but I am sure I think that it was a piece of his blouse as stated in the foregoing.

Philip Spornberger
Deponent

Deponent.

Sworn to and subscribed before me this 1 day of April, 1901, and I certify that the contents were fully made known to deponent before signing.

P. H. Allen

Special Examiner.

Mid. Div.

ER, Ev'r.

In Cert. No. 972, 189
Mallon B. Hicks,
Co. A. 74 Pa. Infy
Co. H. 178 P. Dftd. Mil. Infy
Department of the Interior,
BUREAU OF PENSIONS,
Washington, D. C., Jan. 27, 1902.

Sir:

In the above-entitled claim, Philip Sporenberger, W. 033
P. O. address was Berwick, Pa.
[Give street and number.]
testified before John W. Evans, a Notary Public
in Columbia county, Pa., on Sept. 7, 1901,
that the affiant's brother, now dead, told
affiant immediately after the occurrence
that Mallon B. Hicks had been wounded
in left hand and that he had torn
a piece from his own pocket and
dressed Lieut. Hick's' wound. Affiant
was about 400 yards away at time but
saw wound next morning.

I cross-examine affiant thoroughly
as to exactly what his brother told him immediately after occurrence.
Please refer this letter to a special examiner with instructions to ascertain the witness' reputation

for veracity, and his knowledge of the matters set forth above.

The claimant's name and address is Mallon B. Hicks, Fowblesburg,
Baltimore Co., Md.

The attorney's, Jenkin Evans, Berwick, Pa

Very respectfully,

The Chief of the
Special Examination Division.

H. W. Field
Chief Middle Division.

5- Ex. B

Mid. Div.
Inv. Cert No. *972, 189*
Maclon B. Hickes
Co. A. 74 Pa. Infy.
Co. A. 178 Pa. Dftd. Mil. Infy.

Name of witness:

Philip Sporenberger

SPECIAL EXAMINATION DIVISION,
BUREAU OF PENSIONS.

Washington, _____, 190____

Respectfully referred to Mr. _____

_____, Special

Examiner at _____

who will interview the witness and report on his credibility. No deposition should be taken unless it appears that the affidavit sets forth matters not within the witness' personal knowledge, but if taken, it should be made on the usual deposition-blank and attached hereto; and should show what the witness personally knows of the facts, his means of knowledge, and any improper practice in connection with the preparation of the affidavit.

By direction of the Commissioner:

Chief, S. E. Division.

_____, 190____

Respectfully returned to the Chief of the

Division.

Chief, S. E. Division.

THE COMMISSIONER OF PENSIONS.

I certify that I have personally interviewed and questioned _____

Philip Sporenberger, the witness referred to herein, and that his replies indicated full knowledge of the facts stated in his affidavit. *(see deposition)*

I further certify that his reputation for veracity is _____

good
Maclon
Special Examiner.

6413
Shubert
S. 1902

DEPOSITION

Case of Mahlon W. Hicks, No. 972, 189

On this 1 day of April, 1902, at
Brier Creek Township, county of Columbia
State of Mississippi, before me, F. F. Baker, a
special examiner of the Bureau of Pensions, personally appeared

Owen Gault, who, being by me first duly sworn to
answer truly all interrogatories propounded to him during this special
examination of aforesaid claim for pension, deposes and says:

I am about 64 yrs old, laborer, P. O. address
Birmingham. Not related. No list
I served in 1862-1863 in the 1st
regiment of Mississippi Infantry. I was not acquainted with before in the
army. I recall that he was injured
in one of his hands in the
service. I think it was the right
hand struck by a ball. I think a
rifle ball. I can't tell the name
of the place it occurred. I don't
say just what time. We were
chased back. I don't remember the
fight we were in. I saw the
wound right after it was incurred.
The ball struck between the thumb and
first finger. I could not say how near I
was to him when he got hurt. We were in
a skirmish at the time.

I could not say how long time elapsed
after occurrence when I saw the wound.
No it was not in camp then. I saw it
after we fell back.

The heel of one of soldier's boots was
shot off on our way back. Yes
after his hand was injured.

No I don't say it was at White House
Landing. I don't know because I don't

renewed by. Of Horn did you come to state in
your affidavit that it was with Horn that
he visited some soldier in West Point town
and he told me, R. Horn did you
fix the date July 3, 1863?
A Occasional must have told me
at the time. Well I could not tell any
more which hand was injured.
I am positive that he received the
wound mentioned on one of his
hands between the thumb and first
finger. I saw it soon after occurrence
Could not tell who dressed the wound,
and afterwards in the service he
had his hair tied up for sometime
he was one of the officers and always in sight.
My affidavit in this case is
substantially correct.

I have heard the foregoing and
of this case and was very much
satisfied

Deponent

Deponent.

Sworn to and subscribed before me this 1 day of April,
1864, and I certify that the contents were fully made known to deponent
before signing.

P. Phalen

Special Examiner.

Mid. Div.

E. L. Evr.

Ins. Cert. No. 972, 189. Department of the Interior,
Mahlon B. Hicks,

BUREAU OF PENSIONS,

Co. A. 74 Pa. Infy.

Co. H. 178 Pa. Aftd. Inf.

Washington, D. C., Jan'y. 27, 1902.

Sir:

In the above-entitled claim, Owen Sult, witness

P. O. address was Berwick, Pa.,

[Give street and number.]

testified before John M. Evans, a Notary Public,
in Columbia county, Pa., on Sept. 7, 1901,

that on July 3, 1863, near White House Landing, Mr.
Mahlon B. Hicks was wounded in left hand,
that he was close by when Mr. Hicks was
wounded and saw the wound immediately
after it was received.

[Examine affiant thoroughly as to his knowledge
of the manner of infliction and as to the
nature of the wound]

Please refer this letter to a special examiner with instructions to ascertain the witness' reputation
for veracity, and his knowledge of the matters set forth above.

The claimant's name and address is Mahlon B. Hicks, Fowbles-
burg, Baltimore Co., Md.

The attorney's, Jenkin Evans, Berwick, Pa.

Very respectfully,

The Chief of the
Special Examination Division.

Albanyfield

Chief Middle Division.

9 Ex. D

To be filled in the adjudicating division.

Mid. Div.
Inv. Cert. No. 972, 189.
Mahlon B. Hicks,
Co. A. 74 Pa. Infy.
Co. H. 178 Pa. Aftd. Infy.

Name of witness

Owen Sult

SPECIAL EXAMINATION DIVISION,
BUREAU OF PENSIONS.

Washington, 1902

Respectfully referred to Mr.

Salvador Sult

Special

Examiner at

San Francisco

who will interview the witness and report on his credibility. No deposition should be taken unless it appears that the affidavit sets forth matters not within the witness' personal knowledge, but if taken, it should be made on the usual deposition-blank and attached hereto; and should show what the witness personally knows of the facts, his means of knowledge, and any improper practice in connection with the preparation of the affidavit.

By direction of the Commissioner:

Chief, S. E. Division.

1902

Respectfully returned to the Chief of the

Division.

Chief, S. E. Division.

THE COMMISSIONER OF PENSIONS.

Sir:—I certify that I have personally interviewed and questioned

Owen Sult

replies indicating his knowledge of the facts stated in his affidavit.

He is

(the deposition)

I further certify that his reputation for veracity is

good

He is

Special Examiner.

10 E. D.

Amburyth 2116, 1902

Credibility

3-296.
(Old No. 3-498.)
S. E. D.

Rosie

No. 972,189
Claimant: Marion B. Hicks
Soldier: Thomas
P. O. address: Cockebsburg
County: Baltimore State: Md.
Recommendation: Chief Middle Rd.
R. Phalen
Special Examiner.

REFERENCE.

, 190 ..

Miss.

Chief S. E. Division.

RECOMMENDATION.

, 190 ..

Reviewer.

ACTION.

, 190 ..

Commissioner.

FILE DIV
APR 8 1902
IVED.

APR 7 1902

76505

MAY 9 1902

Appeal received _____, 190

Fukin Evans
Derwick Pa

SUBJECT:

Appeal in _____ pension claim

No. 972, 189

Mahlon B. Hicks

Ex-18 178-Pa. Tol.

1-383.

Docket No. 76505

Department of the Interior,

MAY 12 1902

, 190

Respectfully referred to the Com-
missioner of Pensions for report.

H. Campbell

Assistant Secretary.

Report received _____, 190

and filed herewith.

FINAL ACTION.

H. G. J.
8-14-03

AUG 31 1903 ACTION AFFIRMED.

*Shoenberger
Folk & Deven*

*April 29, 1902.
Evans testy of
Folk & Deven
warrants reappe*

To the Secretary

APR 20 1903

DECISION TO APPELLANT,
SEP 16 1903

(3-230.)

INVALID. (Series _____)

Cert. No. **972189**

Name, *Washburn*

Rank, *Pvt.* Service, *Co. A, 74th Reg. Inf.*

Original Roll: *Washington*

Agency, *Transferred*, 18__ to __

" " " " " " " " " " " "

Issued *Nov. 8*, 18__

Mailed *" 12*", 18__

Rate and Period, \$ *8.00*, from *Oct. 9*, 18__

Rate and Period, \$ _____, from _____, 18__

Rate and Period, \$ _____, from _____, 18__

Rate and Period, \$ _____, from _____, 18__

Rate and Period, \$ _____, from _____, 18__

Rate and Period, \$ _____, from _____, 18__

Rate and Period, \$ _____, from _____, 18__

Rate and Period, \$ _____, from _____, 18__

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Rate and Period, \$ _____, from _____, 18__

Rate and Period, \$ _____, from _____, 18__

Rate and Period, \$ _____, from _____, 18__

Rate and Period, \$ _____, from _____, 18__

Issued	<i>March 26, 1907</i>
Mailed	<i>" 27, 1907</i>
Rate and Period, \$	<i>12</i> , from <i>Feb. 15, 1907</i>
Deductions:	
Disability:	
Issued	
Mailed	
Rate and Period, \$	
Deductions:	
Disability:	
Issued	
Mailed	
Rate and Period, \$	
Deductions:	
Disability:	
Issued	
Mailed	
Rate and Period, \$	
Deductions:	
Disability:	
Issued	
Mailed	
Rate and Period, \$	
Deductions:	
Disability:	

INDORSEMENTS.

*Am. 744. Soldier & Co. Ex-
distant account
to pay my claim
given sum
all
May 20, 1901. As atty. Washington
distant account. From Phila. to
1901. As atty. to Phila. 1901
my 24. 1901. To S. E. D. to
Shoenberger*

BCO.

DEPARTMENT OF THE INTERIOR.
WASHINGTON.

AUG 31 1903

H. E.
A. C. R.
J. M. R.

Certificate No. 972,189. (Docket No. 76,505.
Mahlon B. Hicks, }	Appeal.
Co. A, 74 Pa. Vol. Inf. (Affirmed.

-----000-----

CLAIM UNDER THE GENERAL LAW.

-----000-----

The evidence does not satisfactorily show that the alleged wound was incurred in line of duty during the claimant's military service.

-----000-----

The Commissioner of Pensions.

Sir:

Mahlon B. Hicks, late of Company A, 74th Pennsylvania Volunteer Infantry, is a pensioner under the act of June 27, 1890; Certificate No. 972,189. July 26, 1895, he applied under the general law, alleging that he incurred a gunshot wound of left hand on July 3, 1863. This claim was rejected August 6, 1896, as follows:

Approved for rejection for wound of left hand on ground of no record and claimant's declared inability to furnish the necessary evidence to show origin in service and line of duty.

Additional evidence was filed in 1898 and 1901, in support of a motion to reopen the former rejection. This was denied April 29, 1902, and the claimant appealed to this Department on May 9, 1902.

The records show that the claimant enlisted in Company H, 178th Pennsylvania Volunteer Infantry on October 22, 1862; that he held the rank of sergeant to June 5, 1863, and Second Lieutenant from June 6 to his muster out on July 27, 1863; and that he reenlisted

and served as a private from March 9, to August 29, 1865. They however fail to show that the soldier was wounded as alleged, in fact, there is no medical or other record on file showing any treatment for or incurrence of any wound or disease.

The claimant testified that the wound was incurred while at an outpost in company with two privates of his company, now deceased, and that the wound was dressed by a surgeon whose address is to him unknown; and that he carried his hand in a bandage for some time, but that it did not incapacitate him for duty.

Several comrades have testified in support of this claim. Their testimony unquestionably shows that the soldier incurred some injury to the hand at about the time alleged, and that it was understood by some of the members of the company that it was incurred as alleged and in line of duty. None of these witnesses saw the injury incurred, however, and there is none but hearsay evidence, independent of the testimony of the claimant, to show how it was incurred. Philip Sponenberger, a comrade, a brother of one of the privates who were with claimant when wounded, testified, in his deposition of April 1, 1902,

as follows:

Near White House Landing, Virginia, he got wounded in his hand, the left, in 1863. I did not see him when he got wounded but I was about 400 yards from him. I was in the ambulance corps at the time. I saw the hand the following day. My brother Sam (dead) belonged to the same company and bunked with me at the time, and he told me, as near as I can recollect, either the same evening or the next morning that he saw the accident, that he was near the soldier when it occurred. It happened, as I understood from Sam, by the bursting of a piece of shell from the enemy. Sam also told me at that time, and subsequently, that he (Sam) took a chew of tobacco and put it right on to the place that was hurt, and he tore a piece of his blouse and bound the hand up. Yes, I saw the wound the following day and the soldier had his hand tied up after that for quite a while.

The account of the incurrence of the injury, as given by this witness, does not agree in details with that given by the claimant, though both show the incurrence of a wound in line of duty, and in the essential facts the two statements are agreed. As has been said, the evidence clearly shows that the claimant's hand was injured at about the time and place alleged in the declaration, but there is no direct and competent evidence which corroborates the claimant's statement as to the manner in which it was incurred, and none identifying the injury then incurred with the disability for which pension is now claimed.

An examination of the reports of medical examinations show that the wound was a superficial one, and is not

now and has not been since the date of the declaration the cause of any considerable disability; and if the claim was admitted it would be of but little pecuniary benefit to the claimant as the rate allowed would not be in excess of what he is now receiving under the act of June 27, 1890.

In view of the fact that there is no satisfactory evidence showing the manner of the incurrence of the wound, and none, in addition to claimant's testimony, showing that the present disability is due to a wound incurred in service and in line of duty, and further that the allowance would confer but little benefit on the claimant, the action complained of is affirmed.

The papers in the case are returned herewith.

Very respectfully,


Assistant Secretary.

DECLARATION FOR INCREASE OF PENSION.

Under the Act of June 27, 1890.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Maryland
County of Baltimore } ss:

On this 21st day of June, A. D. one thousand nine hundred and four, personally appeared before me, a Justice of the Peace within and for the County and State aforesaid, Mahlon Burlington Hicks, aged 67 years, late a member of Co. A, 74th Regiment, Penn Inf., a resident of Maryland, County of Baltimore, State of Maryland, who being duly sworn according to law, declares that he is a pensioner of the United States under the act of June 27, 1890, enrolled at the Washington D.C. Pension Agency at the rate of Eight dollars per month, by reason of partial inability to earn a support by manual labor, his pension certificate being numbered 972,189. That he believes himself to be entitled to an increase of pension on account of the following-named disabilities, to wit:

[State when and where disabilities originated, and if wounds or injuries, give circumstances of incurrence, or if applying for disabilities from age alone these lines may be left blank.]
That on the 21st of December A.D. 1862, at the village of Lime Ridge, Columbia County, Pa. I was attacked with inflammatory Rheumatism in its worst form, from which I never fully recovered. Said disabilities have developed into nervous prostration.

That none of said disabilities are due to vicious habits, and that they are to the best of his knowledge and belief of a permanent character

That he was born on the 21st day of November, A. D. one thousand eight hundred and thirty seven. That he was not employed in the military or naval service prior to October, 1862. That he has not been employed in the military or naval service since August, 1865.
(Here state what the service was, whether prior or subsequent to that named above, and the dates at which it began and ended.)
First Service October 28th 1862 to July 27th 1863. Second Feb. 1865 to August 1865

That his post-office address is Maryland,
County of Baltimore, State of Maryland

That he hereby appoints R. W. SHOPPELL - WASHINGTON, D. C.
(If he desires to employ an attorney.)

of _____, his true and lawful attorney to prosecute his claim.

Attest: (1) R. S. Gill
(2) H. N. Bortner

Mahlon Burlington Hicks
(Claimant's signature.)



ATTY FILED

Also personally appeared R. S. Gill, residing at Upperco, Md., and N. H. Bortner, residing at Upperco, Md., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw him, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him of 15 years and 13 years respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

R. S. Gill
N. H. Bortner

Sworn to and subscribed before me this 21st day of June

A. D. 190 4, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses

[L. s.]

before swearing, including the words

, erased, and the words

(Certificate on file.)

, added: and that I have no

interest, direct or indirect, in the prosecution of this claim.

Record Division,

Certificate of covering
Oct. 2nd 1890 May 7 1906 DM

Samuel H. Brown
(Signature)

Justice of the Peace
(Official character)

md

To be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, County, or City officer under his official seal, unless such a certificate has been filed in the Bureau of Pensions for general reference.

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

CLAIM FOR INCREASE.

Act of June 27, 1890.

Name:

Service:

William B. Bortner

Co. H. 4th Regt

Recon. Co. 2nd Div.

2nd Div. 2nd Regt

1st Div. 1st Regt

178 Pa. Inf.

FILED BY

R. W. Shobell

Notary Public



Enck

3-340.
(Old No. 3-100.)

WHL

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. *Oct 3*, 190*5*

Dr. *H. S. Galt*, Secretary,

Baltimore

to *Baltimore City Co., Md*
(State.)

Sir:

Mr. *Malcolm B. Hills*

P. O. *Uppercro*

Co. *Baltimore, Md*
(State.)

late a *Private*

Co. *W 74* Regiment *Ph. Vol. Regt.*
(State.)

an applicant for *Incumbent*

Invalid Pension No. *972. 189*

has been directed to report himself to you for

examination on account of disability from

loss of grip of left hand
and phlebotomy

also lumbago and Grapfo

also affection of heart

also nervous prostration

Are there any other disabilities?

Are there evidences of vicious habits?

Very respectfully,

E. F. WARE,

Commissioner.

Oct June 27. 1890
\$8.00

TO THE EXAMINING SURGEON.

The claimant named on the outside of this circular has been directed to report himself to you for examination within three months of the date hereof, when the validity of the order will cease.

Should he present himself, please examine him and make your report to this Bureau at once, in accordance with the instructions of the pamphlet already transmitted to you.

(1) Orders for examination are issued in duplicate, one to the claimant and one to the examining surgeon, or board of examining surgeons. These orders should be carefully compared before an examination is made, as certificates of examination made upon orders issued to other boards or surgeons will not be accepted or paid for, except in cases in which this Bureau may direct such action by special instructions.

Any order received by a surgeon which is intended for another, should be immediately remailed to this Bureau in a separate envelope, together with the envelope in which it was received.

(2) If the order to the surgeon fails to reach him, and the applicant presents himself with his order, the examination should be made; or, if the claimant presents himself without an order, and the surgeon has one in his possession authorizing the examination, it should be made.

(3) Orders for examination received by the surgeons should be carefully filed, and at the expiration of three months from their respective dates, if the claimants have not reported, they must be returned and each order of this character must be indorsed "*Claimant failed to appear within the specified time.*"

Whenever a claimant shall have been ordered before a board of examining surgeons, and shall appear for examination, all the members of said board shall participate in said examination; nor will any certificate be accepted from such board which fails to show that all the members of the board participated therein, save only and except that in case the claimant, on appearing, shall find a less number of surgeons than the full board, the examination may proceed with the consent of the claimant expressed in writing on the certificate reciting such fact, and agreeing nevertheless that the examination shall proceed; and in that case such claimant shall be held to have waived the privilege of the statute relative to examination by a full board. (See forms on back of Medical Certificate.)

This Circular must be returned to this Bureau with your certificate of examination, accompanied by your daily account, or in the event of the person named in it failing to report within the specified time, return it indorsed as required by paragraph 3 of the instructions quoted above.

ACT JUNE 27, 1890.

INCREASE INVALID PENSION.

Claimant

P. O.

County

State

Rate, \$

Maklon B. Hicks

Uppurco.

Baltimore,

Maryland,

per month, commencing

Rank

Company

Regiment

Private

A.

74. Pa. Vol. Inf.

April 19-1905

Pensioned for

inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name

P. O.

Fee, \$

Agent to pay.

R. W. Shoppe

Washington, D. C.

2.00

APPROVALS

Submitted for

Approved for

Approved for

ADJ Gen 21, 1905, H. W. B. Co.

loss of grip of
left hand, and rheu-
matism, (C.C.); and
old age (very old)
June 21, 1905; and
dumbness formerly
alleged; and the
presenting. Order of 1

loss of grip of
left hand rheuma-
tism and senile
debility

Aggregate of disabilities shown, permanent in character: \$10
from April 19-1905

June 21, 1905, E. D. S.
Legal Examiner.

June 26, 1905, H. W. B. Co.
Medical Examiner.

Enlisted

1862

honorably discharged

Enlisted

1862

honorably discharged

Pensioned at \$

8.00 per month.

Last paid to

for loss of grip of left hand, and

rheumatism.

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed

June 21, 1904

alleges rheumatism, in

disability, was from November 21, 1837.

Claimant does write.

Certificate not filed.

M. C.

Do not use the back of this blank for any purpose except as indicated.



SURGEON'S CERTIFICATE

IN CASE OF

Mahton B. Hicks
Co. *A* Reg't *7th Pz. Inf.*
Applicant for *Insurance*

No. *972.189*

DATE OF EXAMINATION

April 19th, 190*5*

Chas. N. Dices, Pres.,
Wm. B. Bitt, Sec'y,
W. H. Lewis, Treas., } BOARD.

Post-office, *Westminster*

County, *Cornwall*

State, *Mass.*

Fill all blank spaces above.

7155b50m-2-03

Done

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Pension Claim No. 972,189
Name of claimant. Marion R. Hicks
Company. Co. Reg't. 7th Reg't.
Address of Board. Washington
Ma
Date of examination, not of amendment. April 19, 1902

EXAMINATION—Continued.

If used for amendment place date of the new matter at the beginning of same, following the word amended.

Urinalysis. Color. Amber. Reaction. acid.
sp. grav. 1.024. no albumen. no
sugar. Habits good.
Except as above no other
disability is found to exist.

Rating.

We find the aggregate permanent
disability for earning a support
by manual labor to be due to
loss of grip of left hand. Rheu-
matism, lumbago & nervous pro-
stration, and not due to vicious
habits, and warrant a rating
of \$12.00 per month.

Marginal entries must never be made.

Chas. A. Price, Pres. M. L. B. Sec'y. J. H. Lewis, Treas.

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Names of disabilities.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities, and the manner in which they affect him.

Here give a full description of the disabilities, in accordance with book of instructions, and make a separate paragraph for each disability.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

Whenever a disability is shown or is believed to be aggravated by various habits the opinion of the Board must be stated. When not due to such habits this fact must be stated.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Increase Pension Claim No. 972 189

Mahlon B. Hicks Address { West Frankfort P. O.

Company G. Reg't 74 Pa. V. Infy. Address of Board. State. 190

Upper Co. Balto. B. Md. Date of examination.

Loss of grip of left hand & Rheumatism

Also Lumbago. Grippe and affection of heart and lungs. He receives pension of \$8.00 dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him:

Contracted all disabilities

in service

Birthplace, York Co Pa, age, 68 years; height, 5 ft. 7 in.

weight, 150 pounds; complexion, florid; color of eyes, blue;

color of hair, gray; occupation, Retired; permanent marks and

scars other than those described below, none

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 74 76 78; respiration, 22 24 26; temperature, 98.6

(Sitting, standing, after exercise) (Sitting, standing, after exercise)

Ross of grip of left hand. Caused by gunshot wound in Virginia near White House Land.

ing. white in command of pocket-line.

Find scar at tip of middle finger and

are at head of metacarpal bone of index

finger. There is complete atrophy of all

muscles between thumb and index finger.

and a total loss of grip of left hand.

Rheumatism and lumbago. We find

a claimant suffering from general

muscular rheumatism involving

lumbar region, causing a lumbago.

attended with tenderness over lumbar

muscles and atrophy of same. Most

severe pain in right hip joint.

Grippe. Claimant alleges that he has

no grippe, and we find no evidence

of same.

Affection of heart. - Apex not evident to

inspect, slightly to palpation. Rt. and

area of apex hepal normal. Area

of cardiac dulness normal. Rhythm

irregular. force moderately strong.

Detect no murmurs. Some shortness

of breath on exertion. Edema is present.

no cyanosis.

Nervous prostration. Claimant alleges

that upon exertion he becomes nervous,

weak and exhausted, and is compelled

to lie down. Occurs only upon ex-

ercise. No objective symptoms present.

but belief statement is correct.

Lungs. Percussion resonance is normal.

Auscultation reveals no adventitious

sounds, but a clear uninterrupted

trivicular murmur.

Charles D. Kelly, Pres. M. B. Hicks, Sec'y.

7-52a, Treas.

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. C. A. Diller, Dr. W. H. Smith, and Dr. M. L. Butt, were personally present and actually participated in the examination of Mahlon B. Hicks, the claimant in this case, on 19 day of April, 1905."

(Signature.)

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 1905."

Witnesses
to mark.

(Signature of
Applicant.)



IN CASE OF

Mahlon B. Hicks

Reg't 74 Pa. Vol. Infy.

APPLICANT FOR Increase

No. 942189

DATE OF EXAMINATION:

April 19, 1905

C. A. Diller, Pres.,
M. L. Butt, Sec'y,
W. H. Smith, Treas.,

BOARD.

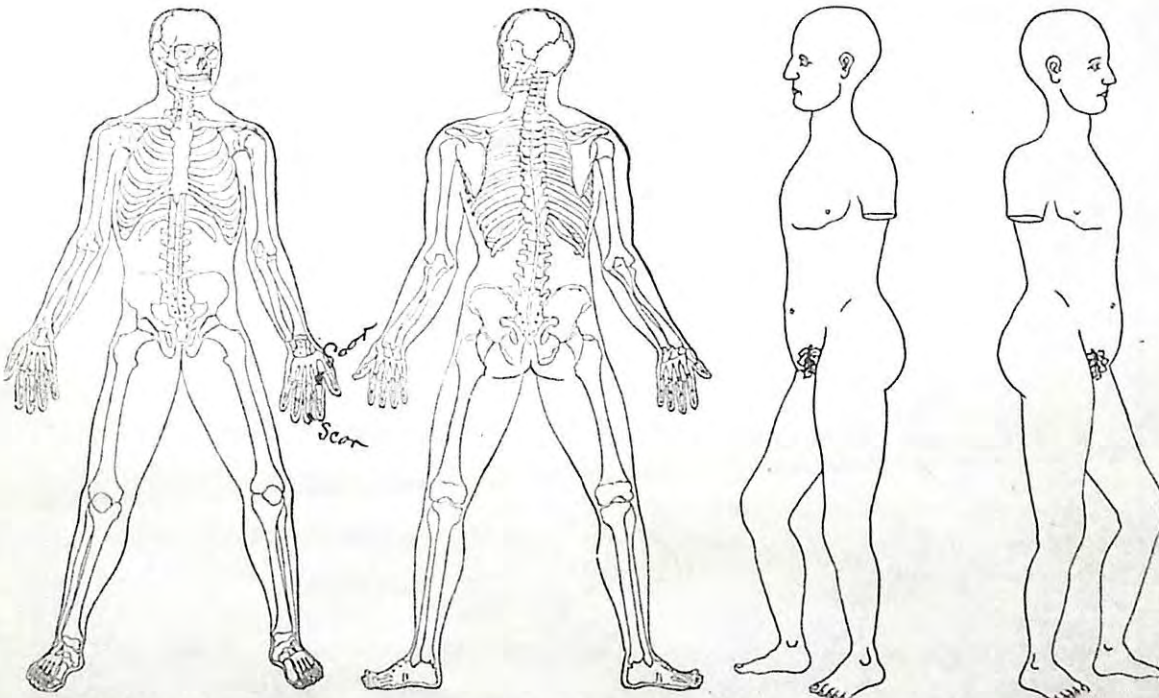
Post office, Washington

County, Cornwall

State, Ind.

Do not use backs of certificates for any purpose other than indicated by printed matter thereon.

6-352a



The outlines of the human skeleton and figure should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

10/5
22/5.2

3-1638.

INCREASE.

Act of Feb. 6, 1907.

Cert. No. 972189

Wahlou B Hicks

P. O.,

County,

State,

Application filed Feb 15, 1907

2nd Lt Service, H 178 Pa Inf.

A 74 Pa Inf.

Attorney,

P. O.,

County, , State,

(167-25,000.)

J

CIVIL OR MEXICAN WAR.
DECLARATION FOR INVALID PENSION

Claim under Act of February 1907 which originated in the U. S. Senate
and was known as Senate 976.

State of Maryland, County of Baltimore, ss:
On this 13th day of November, A. D. one thousand nine hundred and
seven, personally appeared before me Samuel H. Brown
a Justice of the Peace within and for the County and State aforesaid
Wahlin Burlington Hicks a resident of the
of Fowbleburg County of Baltimore
State of Maryland who, being duly sworn according to law, declares that he is
the identical Wahlin Burlington Hicks who was ENROLLED on the 28th
day of Oct, 1862 in Co. 26 178th Pa Regt Inf as 2. Lieut
(Here state rank in company, and regiment in Military service, or vessel, if in Navy.)

in the service of the
United States in the late Civil War, and served at least ninety days, and was HONORABLY DISCHARGED at
Harrisburg Pa, on the 27th day of July, 1863

That he has been employed in the military or naval service otherwise than as stated
above Private in Co. A 1st Pa Regt Inf. Subsequent March 1865 ended Aug. 1865
(Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

This application is intended to cover allegation of at least sixty days service in WAR WITH MEXICO in
cases dates above given show such services.

That he is 69 years of age, having been born on the 21st day of November 1837

Claims benefit of Act of February 1907 which originated in U. S. Senate and was known as Senate 976
59th Congress 2nd Session, having served the full period required by the statute in one of the Wars men-
tioned and having reached the age specified in the said Act, and having been honorably discharged from
the service of the United States.

That he has applied for pension under application No. 20583 That he is a
pensioner under Certificate No. 972189 at the rate of \$ ten month. Claims the
rate of pension specified in said Act for the age herein before stated.

That he makes this declaration for the purpose of being placed on the pension-roll of the United States
under the provisions of the act herein mentioned.

with full power of substitution and revocation.

A. PARLETT LLOYD, of Baltimore, Md.

his true and lawful attorney to prosecute this claim. That his POST-OFFICE ADDRESS is

Fowbleburg, County of
Baltimore, State of Maryland

1 Lewis Weaver Wahlin Burlington Hicks
(Claimant's signature—FULL name.)

2 Richard Harris
(Two witnesses who write sign here.)



Also personally appeared, Lewis Weaver residing at Patuxent, Md. Co. Md., and Richard Harris residing at Frederickburg, Md., persons whom I certify to be respectable and entitled to credit, and who being by me duly sworn, say that they were present and saw William Burlington Hicks (Name of Claimant.) claimant, sign his name (or make his mark) to the foregoing declaration: that they have every reason to believe from the appearance of said claimant and their acquaintance with him of 10 years and 16 years, respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Samuel H. Lewis, J.P.
(If affiants sign by mark, two persons who write sign here.)

Lewis Weaver
Richard Harris
(Signature of Affiants.)

Sworn to and subscribed before me this 13 day of February, A. D. 1907, and I do hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words erased, and the words erased

added; and that I have no interest, direct, or indirect, in the prosecution of this claim.

Certificate on file, Valid
[I. S.]
Certificate on file to cover date of execution.
Samuel H. Lewis (Official Signature.)
Justice of the Peace (Official Character.)

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record or a City or County Clerk, unless such certificate is already on file in Pension Bureau, when such fact should be stated.

The act REQUIRES in case of a soldier:

1. An honorable discharge (but the certificate need not be filed unless called for).
2. A minimum service of ninety days, Civil War, or sixty days Mexican War.
3. An attained age of 62 years or over.
4. The rates under the act are graded from \$12 to \$20, proportioned to the age of the applicant.
5. A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than ONE pension for the same period.

MAR 2 1907

Act of February 1907 which originated in U. S. Senate and was known there as Senate 976.

SOLDIER'S APPLICATION.

Name: William B. Hicks
Service: Co. H. 178 Pa. Inf.
Co. 972/189
Address:

FILED BY
A. PARLETT LLOYD,
ATTORNEY AT LAW
BALTIMORE, MD.



Imp.
972189
972189

3-364.

Original No.

Certificate No. 972189

Pension

ACT OF FEBRUARY 6, 1907.

Claimant, *Mahlon B. Hicks*
P. O., *Fowlesburg*
County, *Baltimore*
State, *Maryland*
Rank, *Private*
Company, *A*
Regiment, *74 Pa Vol. Inf*
Rate, \$ *12* per month, commencing *February 15, 1907*

EASTERN

No RECOGNIZED ATTORNEY.

Name,

Fee, \$

P. O.,

Agent to pay.

APPROVAL.

Submitted for *March 11, 1907* *Geo Johnston*, Examiner.
Approved for *Admission*

Age over 62

Rate \$12 per month

*Pension to allow under Act of February 6, 1907. Deduct sub-
payments and drop name from rolls under Act June 27, 1890.*

March 20, 1907. M. Lawrence *Mar 22, 1907. M. Thorne*
Legal Reviewer. Re-Reviewer.

Enlisted *Oct 22*, 18*62* honorably discharged *July 27*, 18*63*
Enlisted *March 9*, 18*65* honorably discharged *Aug 29*, 18*65*
Enlisted _____, 18____ honorably discharged _____, 18____
Pensioned at \$ *10* per month, under *June 27, 1907*

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed *Feb 15*, 190*7*

Date of birth alleged, *Nov 21, 1837*

Approximate age shown by evidence, _____ years.

No other service *Order 51 observed*

Claimant does _____ write.

Certificate not filed.

J. F. C. Talbott
for com

M. C.

Increase ACT OF FEBRUARY 6, 1907.

Claimant *Mahlon B. Hicks*
P. O., *Shickshinny* Rank, *Private*
County, *Luzerne* Company, *A*
State, *Pennsylvania* Regiment, *74 Pa. Vol. Inf.*
Rate, \$ *15* per month, commencing *December 9, 1907.*

STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, _____

P. O., _____

APPROVAL.

Submitted for *Ad. Feb 4, 1908* *G. M. Gilleman* Examiner.Approved for *increase.**Age over 70.**Rate \$15. per month.*

Mar. 6, 1908 *G. M. Gilleman*
Legal Reviewer.

March 6, 1908 *C. R. Hinnebaugh*
Re-Reviewer.

✓ Enlisted *Oct 22, 1862* honorably discharged *July 27, 1863*
Enlisted *Mar 9, 1865* honorably discharged *Aug 29, 1865*
Enlisted _____, 18 _____ honorably discharged _____, 18
✓ Pensioned at \$ *12* per month, under *Act Feb 6, 1907*

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

✓ Declaration filed *Dec 9, 1907*
✓ Date of birth alleged, *Nov 21, 1837*
✓ Age shown by evidence *70* years.

Claimant does _____ write.

J. T. Lenahan M. C. *[Signature]*

ACT OF FEBRUARY 6, 1907.
DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Pennsylvania }
County of Luzerne }

On this 16th day of December, A. D. one thousand nine hundred and Seven, personally appeared before me, a Justice of the Peace, within and for the county and State aforesaid, Mahlon B. Hicks, who, being duly sworn according to law, declares that he is seventy years of age, and a resident of Shickleshann county of Luzerne, State of Pennsylvania; and that he is the identical person who was ENROLLED at Harrisburg, Pa. under the name of Mahlon B. Hicks on the 2nd day of March, 1865 as a Private in A. 74 Penna. Inf.
(Here state rank, and company and regiment in the Army; or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Clarksburg, West Va. on the 22nd day of August, 1865. That he also served in the 12th Pa. Artillery 2nd Regt. from the 28th day of September 1862 to the 27th of April 1863. was discharged honorably by reason of expiration of term of service.
(Here give a complete statement of all other services, if any.) That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height 5 feet 3 inches; complexion fair; color of eyes blue; color of hair light; that his occupation was miner; that he was born November 17, 1837 at Milnes, Pa.

That his several places of residence since leaving the service have been as follows: Penna. to Maryland 1863. from Maryland to Shickleshann, Pa. May 3, 1863.
(State date of each change as nearly as possible.)

That he is not a pensioner. That he has not heretofore applied for pension. 67,972,189
(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of February 6, 1907.

That his post-office address is Shickleshann, county of Luzerne, State of Pennsylvania. Mahlon B. Hicks
(Claimant's signature in full.)

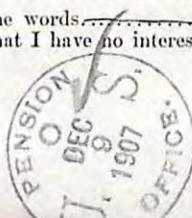
Attest: (1) H. L. Meyer
(2) M. E. Hicks

Also personally appear H. L. Meyer residing in Shickleshann and M. E. Hicks residing in Macanagua, Pa., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Mahlon B. Hicks the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 10 years and 50 years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

H. L. Meyer
M. E. Hicks
(Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 16th day of December, A. D. 1907, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words erased, and the words added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Validity [L. S.]
S. A. Coffey,
Clerk, Luzerne Co.
187 JAN 12 10 07



Albert Smith
(Signature)
Justice of the Peace
(Official character.)
My Commission Expires
First Monday in May, 1911

W. T. B.

ACT OF FEBRUARY 6, 1907.

CLAIM FOR PENSION.

Q. C. 20099
 Certificate No. 972189
 Name, *Marion B. Hicks*
 Service, *A. 74 Cav. Inf.*
H. 178 Reg. Inf.

RECEIVED
 DEC 12 1907
 INSTRUCTIONS.

This form may be used for original pension or increase of pension.
 Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.



AN ACT

GRANTING PENSIONS TO CERTAIN ENLISTED MEN, SOLDIERS, AND OFFICERS WHO SERVED IN THE CIVIL WAR AND THE WAR WITH MEXICO.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:

That any person who served ninety days or more in the military or naval service of the United States during the late civil war, or sixty days in the war with Mexico, and who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll, and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years, twelve dollars per month; seventy years, fifteen dollars per month; seventy-five years or over, twenty dollars per month; and such pension shall commence from the date of the filing of the application in the Bureau of Pensions after the passage and approval of this Act: *Provided*, that pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special act: *Provided*, that no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: *Provided, further*, that no person who is now receiving or shall hereafter receive a greater pension under any other general or special law than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

Sec. 2. That rank in the service shall not be considered in applications filed hereunder.

Sec. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act.

APPROVED: *February 6, 1907.*

Printed by The National Tribune,
 Washington, D. C.

WASHINGTON, D. C.

Columbia

MAHLON B. HICKS, *Espy, Pa.*

~~MIFFLINVILLE, PA.~~

972189

MAR. 9 - 1908

1. Correct name at present?
2. Present address?
3. Name under which served?
4. Service?
5. Any prior or sub. service?
6. Date of enlistment?
7. Date of discharge?
8. Ps files?
9. Hospital?
10. Where born?
11. Age at enlistment?
12. Name of Captain?
13. Names of Lieutenants?
14. Name of 1st Sergeant?
15. Certificate.
16. Compare date of issue
17. When first applied for pension?
18. Name of wife?

19. Signature.

Mahlon B. Hicks

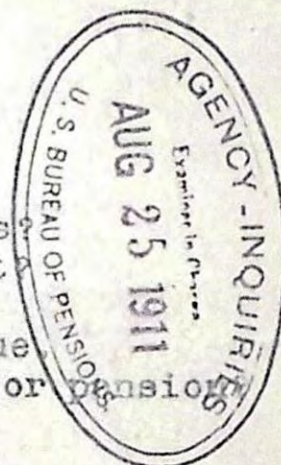
I CERTIFY THAT I HAVE THIS DAY
PERSONALLY INTERVIEWED THE ABOVE
NAMED PENSIONER, AND I AM SATISFIED
THAT HE IS THE SOLDIER AND PENSIONER
THAT HE REPRESENTS HIMSELF TO BE.

R. A. Hales

Special Examiner.

Aug. 23, 1911.

Q.R. 111



1. Mahlon Burlington Hicks
2. ~~Esq.~~ Esq., Pa.
3. Mahlon B. Hicks
4. H. 178 Pa. Inf.
5. Sub. service Co. 174 Pa. Inf.
From Feb. 1865 to Aug. '65
6. Oct. 16, 1862
7. July 1863.
8. No.
9. No.
10. Willow Grove, Columbia Co., Pa.
11. 25. Born Nov. 21, 1837
12. Theodore M^d. Price
13. Wm. H. Evans; Frank Howard
14. Mahlon B. Hick (myself)
15. O.K.
16. Issued Mar. 9, 1908
17. About 1894.
18. Mary C. Hicks (maiden name
Breadbener)
1st. wife Emily Shaffer
died in 1880.

Note:

1. Probably 5 ft. 8 in. Is in bed. Recently had a stroke.
2. light complexion.
3. blue eyes; grayish hair, probably was light or auburn.

Let of May 11-1912

Let 972189

Mahlon B. Hicks

Co A. 74 Pa. Inf.

Bloomburg Pa

filed May 21-1912

A.G. returned for
age.

Nov. 7-1912

C. Free.

HOUSE OF REPRESENTATIVES U. S.,

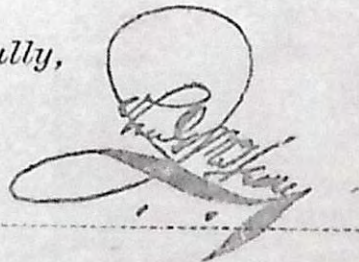
Washington, D. C., ~~May 24~~, 19 12

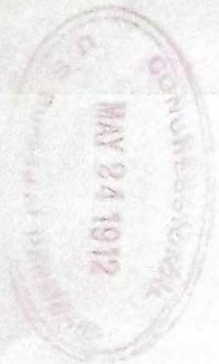
Respectfully referred to

~~Commissioner of Pensions~~

~~for consideration~~

Very respectfully,





ACT OF MAY 11, 1912.

014.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Pennsylvania, County of Columbia, ss:
On this 22nd day of May, A. D. one thousand nine hundred and Twelve, personally appeared before me a Justice of the Peace within and for the county and State aforesaid, Mahlon B. Hicks who, being duly sworn according to law, declares that he is 75 years of age, and a resident of Center Township, county of Columbia, State of Pennsylvania; and that he is the identical person who was ENROLLED at Center Township, Columbia Co., Penna., under the name of Mahlon B. Hicks on the 16th day of October, 1862, as a Private, in Company H, 178th Regiment, Penna. Volunteers & Co. A, 74th Regiment, Penna. Volunteers infantry (Here state rank, and company and regiment in the Army, or vessels if in the Navy.) in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Clarksburg, West Virginia (State name of place) on the 21st day of August, 1865 and mustered in at Harrisburg, Penna. on the 27th day of July, 1863. That he also served Company H, 178th Regiment, Penna. Volunteers for nine (9) months & in Company A, 74th Regiment, Penna. Volunteers infantry from March, 1865 until August, 1865. That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 8 inches; complexion, light; color of eyes, blue; color of hair, Brown; that his occupation was Farmer; that he was born 21st day November, 1837, at Wellow Grove, Columbia County, Penna.

That his several places of residence since leaving the service have been as follows: Baltimore County, Maryland & Center Township, Columbia Co. Penna. (State date of each change, so nearly as possible.)

That he is a pensioner under certificate No. 972189. That he has applied for pension under original No. 972189.

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.

That his post-office address is Bloomsburg P.O. #5, county of Columbia, State of Pennsylvania.

Attest: (1) John C. Snyder, (2) John C. Hicks, Mahlon B. Hicks (Claimant's signature in full.)

Subscribed and sworn to before me this 22nd day of May, A. D. 1912, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant, and he is swearing, including the words

[L. S.]

that he has no interest, direct or indirect, in the prosecution of this claim.

Warren S. Shreeves (Signature.)

Justice of the Peace (Official character.)

My Comm. expires 1st Monday Jan. 1st 1914.

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.



Accepted
Chief Clerk
Division

ACT OF MAY 11, 1912.

CLAIM FOR PENSION.

Certificate No. 972. 189

Name, *Marston J. Nicks*

Service

INSTRUCTIONS.

This form may be used for original pension or increase of pension. Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

ACT APPROVED MAY 11, 1912.

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts, according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year, fourteen dollars per month; one and a half years, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; two and a half years, fifteen dollars and fifty cents per month; three years or over, sixteen dollars per month. In case such person has reached the age of sixty-six years and served ninety days, fifteen dollars per month; six months, fifteen dollars and fifty cents per month; one year, sixteen dollars per month; one and a half years, sixteen dollars and fifty cents per month; two years, seventeen dollars per month; two and a half years, eighteen dollars per month; three years or over, nineteen dollars per month. In case such person has reached the age of seventy years and served ninety days, eighteen dollars per month; six months, nineteen dollars per month; one year, twenty dollars per month; one and a half years, twenty-one dollars and fifty cents per month; two years, twenty-three dollars per month; two and a half years, twenty-four dollars per month; three years or over, twenty-five dollars per month. In case such person has reached the age of seventy-five years and served ninety days, twenty-one dollars per month; six months, twenty-two dollars and fifty cents per month; one year, twenty-four dollars per month; one and a half years, twenty-seven dollars per month; two years or over, thirty dollars per month. That any person who served in the military or naval service of the United States during the Civil War and received an honorable discharge, and who was wounded in battle or in line of duty and is now unfit for manual labor by reason thereof, or who from disease or other causes incurred in line of duty resulting in his disability is now unable to perform manual labor, shall be paid the maximum pension under this Act, to wit, thirty dollars per month, without regard to length of service or age.

That any person who has served sixty days or more in the military or naval service of the United States in the War with Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a pension of thirty dollars per month.

All of the aforesaid pensions shall commence from the date of filing of the applications in the Bureau of Pensions after the passage and approval of this Act: *Provided*, That pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special Act: *Provided*, That no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: *Provided further*, That no person who is now receiving or shall hereafter receive a greater pension, under any other general or special law, than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

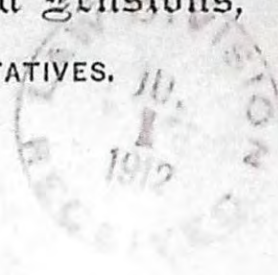
SEC. 2. That rank in the service shall not be considered in applications filed hereunder.

SEC. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act, except in applications for original pension by persons who have not heretofore received a pension.

SEC. 4. That the benefits of this Act shall include any person who served during the late Civil War, or in the War with Mexico, and who is now or may hereafter become entitled to pension under the Acts of June twenty-seventh, eighteen hundred and ninety, February fifteenth, eighteen hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six, or the Acts of January twenty-ninth, eighteen hundred and eighty-seven, March third, eighteen hundred and ninety-one, and February seventeenth, eighteen hundred and ninety-seven.

SEC. 5. That it shall be the duty of the Commissioner of Pensions, as each application for pension under this Act is adjudicated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence; and shall at the end of the fiscal year nineteen hundred and fourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.

14393
Committee on Invalid Pensions,
HOUSE OF REPRESENTATIVES.



No. _____

Name of Claimant, _____

Name of Soldier, *Mahlon B. Hicks*

Co. *A*, *178* Reg't *Pa. Inf.*

TO COMMISSIONER OF PENSIONS:

Please transmit, for the use of this Committee,
the papers in the above-entitled claim.

By order of the Clerk.

Acting Ass't Clerk.

HON. *M. C. Henry*
9-57



PAID
OCT 25 1912

Berwick Pa.

Oct 9-1912

Mr J. L. Laverport:
Commissioner of Pensions

Dear Sir

Please take
notice of my address no 319
West Front Street Berwick Pa
And will be until further
advise. My number pension
certificate 972189. The age
order.

Mohlan B. Hicks

RECORD DIVISION

Department of the Interior
BUREAU OF PENSIONSBriefed by *MI*

Claim No.

Certificate No.

Claimant

Soldier

Service

Additional Service

No claim, State records , 191

No claim, combination records , 191

REMARKS:

*Chief Adg. Div.*OCT
15
1912
NOV

RECEIVED
OCT 17 1912
DIVISION

OCT 15 1912
DIVISION

ACT OF MAY 11, 1912.



BUREAU OF PENSIONS

It is hereby certified That in conformity with the laws of the
United States Mahlon B. Hicks,
who was a Private Co. A. 74th Regiment Pennsylvania
Infantry,
is entitled to
a pension at the rate of Twenty four dollars per month, to
commence October 21st 1912.

Given at the Department of the Interior this
Tenth day of June
one thousand nine hundred and thirteen
and of the Independence of the United States
of America the one hundred and thirty seventh

Martin H. Lane
Secretary of the Interior

Countersigned,
M. H. Gage
Commissioner of Pensions



Former payments covering any portion of the same time to be deducted.

ADJUTANT GENERAL'S OFFICE
NOV 11 1912
3139276
WAR DEPARTMENT

6-3961
DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS,

Washington, D. C.,

Nov. 7-1912

Respectfully referred to
the Adjutant Genl.
War Dept for age
at date of enlistment
and any other age
of record

Cert. 972189

3 enclosures

Mahlon B. Hicks

Co. A. #74 Pa Inf.

Commissioner

WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE,
WASHINGTON,
Nov. 12, 1912.

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of

Malin B. Hicks

Co. A., 74 Reg't Pa. Inf.

the records show personal description as follows:

Age 25, height _____ feet, _____ inches,

complexion _____,

eyes _____, hair _____,

place of birth _____,

occupation _____.

M. O. R. shows age 25.

Also borne as Mahlon B.
Hicks.

(A. G. O. 150)

Per

The Adjutant General.

ACT OF MAY 11, 1912.

Cert. No. 972189

Claimant, Mahlon B. Grikey
 P. O., 319 West Front Street Rank, Private
 County, Berwick Service, Co A - 74 Pa. Inf
 State, Pennsylvania
 Rate, \$ 20 per month, commencing May 24 - 1912

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, None Fee, \$.....; Agent to pay.
 P. O., Articles filed....., 19

APPROVAL.

Submitted for Adm., Mar 30, 1912, M. H. Lewis, Examiner.
 Approved for Admission Rate \$ 20.00 per month; age 74 years.

Reissue from Act of February 6 - 1907

Length of pensionable service: 1 years, 2 months, 27 days.

Deductions in service from any cause: none years, months, days,

on account of

December 4, 1912, F. G. Dean Rec 4, 1912, J. H. Bell
Legal Reviewer. Re-Reviewer.

Enlisted Oct. 22, 18 62; honorably discharged July 27, 18 63

Enlisted March 9, 18 65; honorably discharged Aug 29, 18 65

Enlisted 18 ; honorably discharged 18

Length of pensionable service: 1 years, 2 months, 27 days.

Pensioned at \$ 15 per month, under Act of Feb. 6, 1907

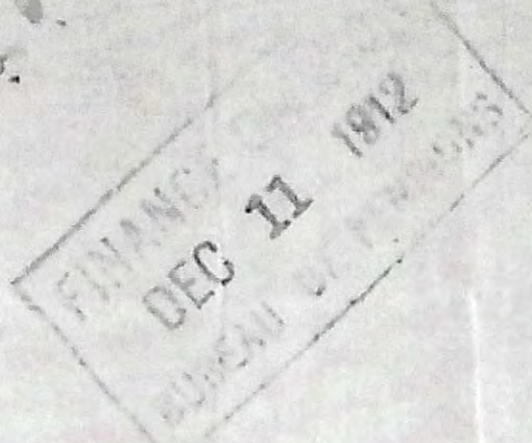
PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed May 24, 1912
 Age shown by evidence 74 years; date of birth alleged Nov. 21, 18 37

Claimant does write.

John H. McGhee, M. C.

Civil War Division



Bewick Pa

Dec 7-1912

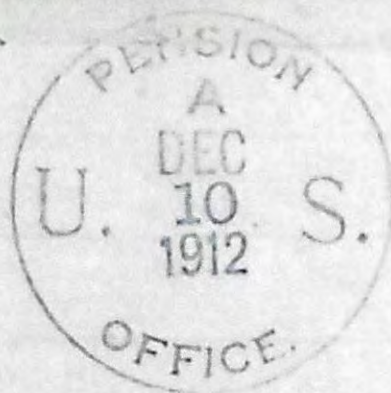
Mr J. L. Davenport

Commissioner Pension

Dear Sir

I send my application
Declaration pension under
The law act of May 11-1912
and also received receipt
from your department
what seem to be the trouble
nearly all my commands
ar getting their enclose

I written to you sometimes
ago and gave my address
as I change my Post Office
address is No 319 west Front
Street Berwick Service
Co A, 74. Reg. Pa Inf and
number my certificate
972189 Please advise
me



Yours Respectfully

M. B. Heck
319 W 7 St Berwick
Pa

ACT OF MAY 11, 1912.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Pennsylvania
County of Columbia } ss.

On this 19 day of Dec, A. D. one thousand nine hundred and 12,
personally appeared before me, a Notary Public within and for the county
and State aforesaid, Mahlon B. Hicks, who, being duly sworn according to law,
declares that he is 75 years of age, and a resident of Mifflinville Berwick
county of Columbia, State of Pennsylvania; and that he is the
identical person who was ENROLLED at Harrisburg under the name of
Mahlon B. Hicks, on the 28 day of Oct, 1862
as a private, in Co. H. 178 Reg. Penna. Inf.
(Here state rank, and company and regiment in the Army; or vessels, if in the Navy.)
in the service of the United States, in the civil war, and was HONORABLY DISCHARGED
(State name of war, Civil or Mexican.)
at Harrisburg, on the 27 day of July, 1863
That he also served in Co. G. - 74 Reg Penna.
Inf.
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated
above. That his personal description at enlistment was as follows: Height, 5 feet 9 inches;
complexion, light; color of eyes, blue; color of hair, brown; that his occu-
pation was farmer; that he was born 1st November, 1837.

That his several places of residence since leaving the service have been as follows:

Esper, Pa. Mifflinville, Pa.
and Berwick, Pa.
(State date of each change as nearly as possible.)

That he is a pensioner under certificate No. 222189

That he has ----- applied for pension under original No. -----

That he makes this declaration for the purpose of being placed on the pension roll of the United
States under the provisions of the act of May 11, 1912, Berwick, Columbia

That his post-office address is Mifflinville, county of Columbia
State of Pennsylvania.

Attest: (1) Mrs. Mellie Greenly (Claimant's signature in full.)
(2) Cora Perstemaker

SUBSCRIBED and sworn to before me this 19th day of Dec, A. D. 1912,
and I hereby certify that the contents of the above declaration, etc., were fully
made known and explained to the applicant before swearing, including the
words Mifflinville & Co. 74 Reg. Penna. Inf., erased,
and the words Berwick, added;
and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]



(Signature)
NOTARY PUBLIC
MY COMMISSION EXPIRES MAR. 8, 1915.
(Official character.)

ACT OF MAY 11, 1912.

CLAIM FOR PENSION

Certificate No. 972189.

Name, Mahlon B. Hicks

Service,

INSTRUCTIONS.

This form may be used for original pension or increase of pension.

Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

Published by The National Tribune, Washington, D. C.

AN ACT

GRANTING PENSIONS TO CERTAIN ENLISTED MEN, SOLDIERS, AND OFFICERS WHO SERVED IN THE CIVIL WAR AND THE WAR WITH MEXICO.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts, according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year, fourteen dollars per month; one and a half years, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; two and a half years, fifteen dollars and fifty cents per month; three years or over, sixteen dollars per month. In case such person has reached the age of sixty-six years and served ninety days, fifteen dollars per month; six months, fifteen dollars and fifty cents per month; one year, sixteen dollars per month; one and a half years, sixteen dollars and fifty cents per month; two years, seventeen dollars per month; two and a half years, eighteen dollars per month; three years or over, nineteen dollars per month. In case such person has reached the age of seventy years and served ninety days, eighteen dollars per month; six months, nineteen dollars per month; one year, twenty dollars per month; one and a half years, twenty-one dollars and fifty cents per month; two years, twenty-three dollars per month; two and a half years, twenty-four dollars per month; three years or over, twenty-five dollars per month. In case such person has reached the age of seventy-five years and served ninety days, twenty-one dollars per month; six months, twenty-two dollars and fifty cents per month; one year, twenty-four dollars per month; one and a half years, twenty-seven dollars per month; two years or over, thirty dollars per month. That any person who served in the military or naval service of the United States during the Civil War and received an honorable discharge, and who was wounded in battle or in line of duty and is now unfit for manual labor by reason thereof, or who from disease or other causes incurred in line of duty resulting in his disability is now unable to perform manual labor, shall be paid the maximum pension under this act, to wit, thirty dollars per month without regard to length of service or age.

That any person who has served sixty days or more in the military or naval service of the United States in the War with Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a pension of thirty dollars per month.

All of the aforesaid pensions shall commence from the date of filing of the applications in the Bureau of Pensions after the passage and approval of this act: Provided, That pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special act: Provided, That no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this act: Provided further, That no person who is now receiving or shall hereafter receive a greater pension under any other general or special law than he would be entitled to receive under the provisions herein shall be pensionable under this act.

SEC. 2. That rank in the service shall not be considered in applications filed hereunder.

SEC. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this act, except in applications for original pension by persons who have not heretofore received a pension.

SEC. 4. That the benefits of this act shall include any person who served during the late Civil War, or in the War with Mexico, and who is now or may hereafter become entitled to pension under the acts of June twenty-seven, eighteen hundred and ninety; February fifteenth, eighteen hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six, or the acts of January twenty-ninth, eighteen hundred and eighty-seven; March third, eighteen hundred and ninety-one, and February seventeenth, eighteen hundred and ninety-seven.

SEC. 5. That it shall be the duty of the Commissioner of Pensions, as each application for pension under this act is adjudicated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence; and shall at the end of the fiscal year nineteen hundred and fourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.

APPROVED: May 11, 1912.

Act of May 11, 1912.

Cert.

977.189

Name,

M. D. Hicks

Application filed

Dec. 23

1912,

Service,

A. 74. Pa. Sup.

May 6/13. Att. for proof
of birth. E. W. H.

Ad

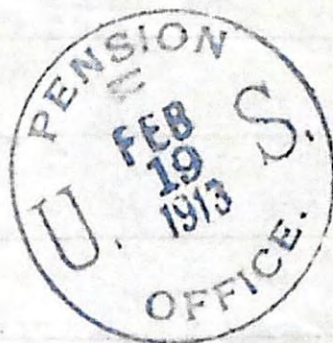
Berwick Pa
Feb 17 1913

Mr. J. H. Baverisport
Commonwealth Pension
Commission

Dear Sir

I am writing
of my certificate is 972-189
Yours respectfully

M. R. Hicks
319 - West Front Street
Berwick
Pa



1913

$\frac{1.0}{m^2}$

Civil War Div.

3-349

C.W.G. Examiner.

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS.

Cert. No.

972189
Mahlon P. Kicks

Washington, D. C., *May 6*, 191*3*

Co. A. 74. Pa. Inf.

Mr. Mahlon P. Kicks

Derwick

Pennsylvania

Dear Sir:

Relative to your claim for pension under act of May 11, 1912,
in which you allege that you are *75* years of age,
and that you were born *Nov. 1*, 18*37*, you are
advised that the best obtainable evidence of the date of your
birth is required by this Bureau.

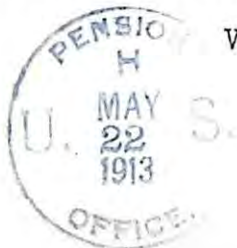
If there is a public, church, or family record of your birth,
you should forward a verified copy of such record.

If there is no public or church record, and a verified copy
of the family record is furnished, the officer certifying to the
same should state in what year the Bible, or other book in which
the record appears, was printed; whether the record bears any
marks of erasure or alteration; and whether, from the appearance
of the writing, he believes the entries to have been made about
the dates given.

If you are unable to furnish any of the evidence indicated,
you should state that fact, and the reasons why you are unable
to furnish it, under oath.

Please return this letter with your reply.

Very respectfully,



J. L. Davenport

Commissioner.

Civil War Division

Cert No. 972189

Mahlon B. Hicks, Born October 21, 1837

Co. A. 74th Penna. Infantry

Post Office Address 338 W. First St. Berwick, Pa.

County of Columbia

State of Pennsylvania SS:

I, Warren S. Shaples, a Justice of the Peace in and for said County and State do hereby certify that the following is a true and correct copy of the family record, showing the date of the birth of the above named Mahlon B. Hicks, as contained in the family Bible of the Hicks family, which has been before me at the present time; that said Bible was printed in the year 1824, being published & sold by Shubert & Shaples of Philadelphia, Penna; that said record does not bear any marks of erasure or alteration; and that from the appearance of the writing I believe the entries or entry to have been made about the time of the dates given therein.

"Mahlon Hicks was born the 21 of the 10 mo 1837"

An Witness whereof I have hereunto set my hand and seal this 20th day of May, A.D. 1913.



Warren S. Shaples
Justice of the Peace
My Commission Expires 1st Wednesday Jan 1914

Increase
ACT OF MAY 11, 1912.
 AS AMENDED BY ACT OF MARCH 4, 1913.

Cert. No. *972,189*

76
Pvt. *Mahlon P. Hicks*
 Rank, *Private*
 Service, *A. 74 Pa. Inf.*
 County, *Columbia*
 State, *Pennsylvania*
 Rate, \$ *24* per month, commencing *October 21, 1912.*

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, _____ Fee, \$ _____; Agent to pay.
 P. O. _____ Articles filed _____, 19

APPROVAL.

Submitted for *Adm. May 29, 1913*, *W. T. Talbot*, Examiner.
 Approved for *Increase* Rate \$ *24* per month; age *75* years.

~~Date of birth *Oct. 21, 1863*~~ *H*

Length of pensionable service: *1* years, *2* months, *27* days.

Deductions in service from any cause: *None* years, _____ months, _____ days,
 on account of _____

June 7, 1913, *Geo. W. Harell*, Legal Reviewer. *June 7, 1913*, *W. M. McDonald*, Re-Reviewer.

Enlisted *Oct. 22*, 18*62*; honorably discharged *July 27*, 18*63*.

Enlisted *Feb. 9*, 18*65*; honorably discharged *Aug. 29*, 18*65*

Enlisted _____, 18 _____; honorably discharged _____, 18 _____

Length of pensionable service: *1* years, *2* months, *27* days.

Pensioned at \$ *20* per month, under *Act of May 11, 1912.*

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed *Dec. 23*, 191*2*

Age shown by evidence *75* years; date of birth alleged *Oct. 21*, 18*63*

Claimant does _____ write.

13- 10-8

13- 9-3

1-5w 24

24.00

4.00

20.00

3-812

REIMBURSEMENT.

Certificate No. 979 189
Pensioner Marion B. Hicks

Class INVALID

Date of Death Oct. 8, 1913

Claimant John C. Hicks

Post Office 338 W. Front St
Berwick
Sa

Received NOV 28 1913 191

Dec-6-13 Clout.

LAW OFFICES
OF
W. S. SHARPLESS
BERWICK, PA.

November 27, 1913.

Commissioner of Pensions,
Washington, D. C.

Dear Sir:-

I enclose herewith application of John C. Hicks for some pension money due his father, Mahlon B. Hicks, at the time of his decease, as well as pension certificate and necessary receipts, etc.

Very respectfully,

W. S. Sharpless



APPLICATION FOR REIMBURSEMENT.

(This application, when properly executed before some officer having authority to administer oaths for general purposes, should be forwarded, together with the pension certificate and itemized bills of all expenses, to the Commissioner of Pensions, Washington, D. C.)

STATE OF Pennsylvania
COUNTY OF Columbia

On this 27th day of November, A. D. one thousand nine hundred and thirteen
personally appeared before me, a Justice of the Peace within and for the County and State aforesaid,
John C. Hicks, aged 42 years, a resident of
Borough of Berwick, County of Columbia, State of
Pennsylvania, who, being duly sworn according to law, makes the following declaration in order
to obtain reimbursement from the accrued pension for expenses paid (or obligation incurred) in the last sickness and burial of
Mahlon B. Hicks, who was a pensioner of the United States by
certificate No. 772187, on account of the service of Mahlon B. Hicks
in Private in Company A, 74 Regiment, Pennsylvania Infantry
(Describe service in company and regiment, or, if in the Army, or by the words U. S. Navy, if in the Navy.)
That pension was last paid to _____, 191

That the answers to questions propounded below are full, complete, and truthful to the best of my knowledge, information, and belief, and that no evidence necessary to a proper adjustment of all claims against the accrued pension is suppressed or withheld.

1. What was the full name of the deceased pensioner? Mahlon B. Hicks.
2. In what capacity was decedent pensioned? (As invalid soldier or sailor, or as a widow, minor child, dependent relative, etc.)
Invalid Soldier
3. If decedent was pensioned as an invalid soldier or sailor—
 - (a) Was he ever married? (Answer yes or no.) Yes
 - (b) How many times, and to whom? Twice; Sarah E. Shaffer,
Mary C. Steward
 - (c) If married, did his wife survive him? (Answer yes or no.) No.
 - (d) If so, is she still living? (Answer yes or no.) No.
 - (e) If not living, give full names and dates of death of all wives. First wife: Sarah E. Shaffer, died Oct. 1st, 1880; Second wife Mary C. Steward, died June 3rd,
 - (f) Was he ever divorced? (Answer yes or no.) No.
 - (g) If so, is the divorced wife still living? (Answer yes or no.) No. (If living, a copy of the decree of divorce must be filed.)
 - (h) If not living, give her full name and the date of her death _____
4. Did pensioner leave a child under 16 years of age? (Answer yes or no.) No.
5. Is any such child still living? (Answer yes or no.) No.
6. Were any sick or death benefits paid on pensioner's account? If so, give name of society and amount paid No.
7. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or no.) No.
8. If so, give the name of each company in which a policy was carried and the amount in which each policy was written _____
9. Who was the beneficiary named in each policy? _____
10. What was the relation of each beneficiary to the pensioner? _____
11. Were the premiums paid by the deceased pensioner? _____
12. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account _____



14. Did the deceased pensioner leave any money, real estate, or personal property? Yes.

15. If so, state the character and value of all such property

16. What was the assessed value (last assessment) of the real estate?

17. How was the pensioner's property disposed of? None to be disposed of

18. Did pensioner leave an unindorsed pension check? (Answer yes or no.)

19. What was your relation to the deceased pensioner?

29. Are you married? (Answer yes or no.)

21. What was the cause of pensioner's death?

22. When did the pensioner's last sickness begin?

23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? February 1st, 1913.

24. Give the name and post-office address of each physician who attended the pensioner during last sickness.

Dr. P. H. Jamison, Moscow, K. Luzerne Co., Penna.

25. State the names of the persons by whom the pensioner was nursed during the last sickness.

Flornice Van Horn Sizzu Hoagland

26. Where did the pensioner live during last sickness? *Daughletus Home, Mifflin Twp., Col. Co. Pa.*

27. Where did the pensioner die? *Douglas House in Meffler Twp., Col. Co., Pa.*

23. When did the pensioner die? *October 8th, 1913.*

29. Where was the pensioner buried? *Briar Creek Township, Columbia Co., Penna.*

29. Has there been paid, or will application be made for payment to you or any other person, any part of the expenses of the pensioner's last sickness and burial by any State, County or municipal corporation? (Answer yes or no.) Yes

31. State below the expenses of the pensioner's last sickness and burial. Write the word *none* where no charge is made in case of any item of expense noted.

(Each charge entered below should be supported by an itemized bill of the person who rendered the service or furnished any supplies for which reimbursement is demanded, and should show, over his signature, by whom paid, or who is held responsible for payment, and contain the name of the pensioner for whom the expense was incurred or service rendered.)

NAMES.	NATURE OF EXPENSES.	STATE WHETHER PAID OR UNPAID.	AMOUNT.
Dr. P. H. Januism	Physician	Paid	3 00
Clewell & Currier	Medicine	Paid	10 85
Florence Golic Fun Home	Nursing and care	Paid	14 00
John McElmuer	Undertaker	\$65 ⁰⁰ Paid	125 00
McMichells Livery	Livery	Paid	5 00
Joseph Siller	Cemetery - digging grave & vault.	\$7 ⁰⁰ Paid	27 00
	Other expenses and their nature:		
	TOTAL		

32. Is the above a complete list of *all* the expenses of the last sickness and burial of the deceased pensioner? (Answer yes or no.) Yes

That my post-office address is No. 338, on West Front street,
town-city of Berwick, County of Columbia.

State of Reunus Coana

(When the claimant for reimbursement is a married woman, she is required to sign the application with her own full name, not using the Christian name or the initials of her husband, and all bills should be receipted to her in her own name.)

John C. Herick
(Claimant's signature in full.)

Also personally appeared H. Lewis Creasy and Joseph Henry who, being duly sworn, say that they saw John C. Hecks, the claimant, sign his name (or make mark) to this application; that they know the claimant herein and that their answers to the following questions are true and correct:

1. When did the pensioner die? October 8th, 1913.
2. Did pensioner (if a soldier or sailor) leave a widow or a minor child under age of sixteen years surviving? no
3. Did pensioner leave any assets? If so, describe their character and value. no assets.

4. State means of knowledge of the facts to which you testify. Personal acquaintance with the deceased pensioner, also had knowledge of his education, who called for him, & where & under what circumstances he died.

Name. Joseph Henry Name. H. Lewis Creasy
P.O. Address. Jeffersonville, Pa. P.O. Address. Jeffersonville, Pa.

Subscribed and sworn to before me this 27th day of November A. D. 1913; and I certify that the contents of the foregoing application, etc., were fully made known and explained to the claimant and witnesses before swearing, including the words erased and the words added, that I have no interest, direct or indirect, in the prosecution of this claim, and I further certify that the reputation for credibility of the witnesses whose signatures appear above is good.

Warren S. Sharples
Signature.

Justice of the Peace
Official character.
My Comm. expires 12th of July 1914

Give date of the pensioner's death October 8th, 1913.
Give date of commencement of pensioner's last sickness several years.
From what date did the pensioner require the regular and daily attendance of another person constantly until death? February 1st, 1913.
During what period did you attend the pensioner? February 7th, 1913 - to Oct. 8th, 1913.
State nature of disease from which pensioner died apoplexy.

Give name of each person who rendered service as nurse, and who has made or will make a charge for such service Florence John Bay Area

Give name of any other physician who attended the pensioner in last sickness none.

Does your bill include a charge for all medicine furnished the pensioner during last sickness? no.

State whether you have read the questions in the foregoing application, and the claimant's answers thereto, and whether such answers are correct according to your best knowledge, information, and belief? yes.

Mention any other facts within your knowledge which in your opinion would be helpful in adjusting this claim for reimbursement: Has been suffering several years from General Debility.

I certify that the foregoing statement is correct.

November 21st, 1913

P. H. Jamison, M.D.
Attending Physician.

Attending Physician.



APPLICATION FOR REIMBURSEMENT.

Certificate No. 972187

Marion B. Hickey
Deceased Pensioner.

John C. Hickey
Claimant.

AN ACT to amend section forty-seven hundred and forty-six of the Revised Statutes of the United States. (20 Stat. L., 718)

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section forty-seven hundred and forty-six of the Revised Statutes of the United States is hereby amended to read as follows:

"That every person who knowingly or willfully makes or aids, or assists in the making, or in any wise procures the making or presentation of any false or fraudulent affidavit, declaration, certificate, voucher, or paper or writing purporting to be such, concerning any claim for pension or payment thereon, or pertaining to any other matter within the jurisdiction of the Commissioner of Pensions or of the Secretary of the Interior, or who knowingly or willfully makes or causes to be made, or aids or assists in the making, or presents or causes to be presented at any pension agency, or power of attorney or other paper required as a voucher in drawing a pension, which paper bears a date subsequent to that upon which it was actually signed or acknowledged by the pensioner, and every person who in violation of any declaration, affidavit, voucher, or other paper or writing to be used in all of the presentation of any claim for pension or bounty hereby procured thereof reports to have been executed who shall knowingly certify that the declaration, affidavit, voucher, or other paper or writing is true and was sworn thereto, or acknowledged the execution thereof, when in fact, such declaration, affidavit, or witness did not personally appear before him, or was not sworn thereto, or did not acknowledge the execution thereof, shall be punished by a fine not exceeding five hundred dollars, or imprisonment for a term of not more than five years."

Approved July 7, 1898.



The Act March 2, 1895 (28 Stat. L., 961), provides—

That from and after the twenty-eighth day of September, eighteen hundred and ninety-two, the accrued pension to the date of the death of any pensioner, or of any person entitled to a pension having an application therefor pending, and whether a certificate therefor shall issue prior or subsequent to the death of such person, shall, in the case of a person pensioned, or applying for pension, on account of his disabilities or service, be paid, first, to his widow; second, if there is no widow, to his child or children under the age of sixteen years at his death; third, in a case of a widow, to her minor children under the age of sixteen years at her death. Such accrued pension shall not be considered a part of the assets of the estate of such deceased person nor be liable for the payment of the debts of said estate in any case whatsoever, but shall inure to the sole and exclusive benefit of the widow or children. And if no widow or child survive such pensioner, and in the case of his last surviving child who was such minor at his death, and in case of a dependent mother, father, sister, or brother, no payment whatsoever of their accrued pension shall be made or allowed except so much as may be necessary to reimburse the person who bore the expense of their last sickness and burial, if they did not leave sufficient assets to meet such expense.

The Act March 3, 1905 (33 Stat. L., 1165), provides—

and no part of any accrued pension shall hereafter be used to reimburse any State, county, or municipal corporation for expenses incurred by such State, county, or municipal corporation under State law for expenses of the last sickness or burial of a deceased pensioner.

INSTRUCTIONS.

1. Accrued pension is not a part of the assets of the estate of a deceased pensioner, nor liable for the payment of the debts of such pensioner.
2. Accrued pension is not payable as reimbursement in the case of a person pensioned on account of service if a widow or minor child under sixteen years of age survive.
3. Accrued pension is not payable as reimbursement in the case of any pensioner who left sufficient assets to meet the expense of last sickness and burial.
4. Application for reimbursement should be accompanied by the following evidence:
 - (a) Bills of all expenses of last sickness and burial. If paid by the claimant for reimbursement the bills must be properly receipted to said claimant; but if paid in part only the creditor should state by whom paid or from what source such payment was received. If unpaid, the parties to whom said bills are due should note on each bill, over their signatures, that they hold the claimant responsible for the payment. If the bill be for medical treatment it must show the dates of visits or treatment and the charge for each. A bill for nursing and care must show the dates between which the services were rendered, and the rate per day or week. The bill of the undertaker must be itemized, and show the date on which the services were rendered.
 - Each bill must show that the service was rendered for the pensioner on account of whom reimbursement is claimed.
 - All claims should be presented in the name of one person.
 - Bills which are forwarded become a part of the records of the Bureau of Pensions and can not be returned. Claimants should therefore secure duplicates of such bills if needed by them.
 - (b) The pension certificate which was issued in the name of the pensioner. If such certificate is not in possession of the claimant a statement showing its whereabouts or final disposition should be made.
5. A careful compliance with these instructions will save much unnecessary delay in the settlement of the claim presented.

NOTICE.

The only sum available for payment of a claim presented on this blank is the pension unpaid at the date of the pensioner's death.

REIMBURSEMENT.

Claimant

John C. Hicks

Pensioner

Mahlon B. Hicks

Street and No.

338 West Front Street

Class

Invalid

P. O.

Berwick

Law

Act of May 11, 1912

State

Pennsylvania

Agency

Washington

Rate, \$

24

Last paid to

Sept. 4, 1913

at \$

24

Last illness commenced

Date of death

October 8, 1913

Accrued pension \$

28.00

AMOUNTS CLAIMED.

CHARGES
APPROVED.

DEDUCTIONS.

Physicians' bills

\$ 3 00

\$ 3 00

State aid

\$ 50 00

Medicine

10 85

10 85

Assets

Board

14 00

14 00

Insurance

Nursing and care

14 00

14 00

Amount waived

Rent

Living expenses for pensioner

Undertaker's bill

125 00

125 00

Livery

5 00

5 00

Cemetery charges

27 00

27 00

TOTAL

50 00

OTHER EXPENSES.

SUMMARY.

TOTALS

184 85

184 85

Charges approved

\$ 184 85

Deductions

50 00

Amount approved

134 85

Approved for

\$ 28.00

Dec. 18, 1913, C. H. Marshall
Examiner.DEC 20 1913
DEC 20 1913A. D. Prall Rev.
S. G. Leaky
Reviewer.

OFFICE HOURS: { UNTIL 9 A. M.
1 TO 3 P. M.
7 TO 8 P. M.

Nescopeck, Pa., September 17th 1913.

Mr. John C. Hicks

TO DR. P. H. JAMISON, DR.

For Professional Services Rendered Malcolm B. Hicks for one
visit February 7th, 1913. \$ 3⁰⁰

Received Payment,

P. H. Jamison, M.D.

REXALL AND VINOL AGENCY.

Jobbers
for
Parke, Davis & Co.
and
Sharp & Dohme
fine
Pharmaceuticals

BERWICK, PA. *Nov 22 1913*
M *Mahlon B. Hicks*
To John B. Hicks

Jobbers
of
Fine Havana
and
Domestic Cigars

BOUGHT OF
CLEWELL & CURRIN
WHOLESALE AND RETAIL
DRUGGISTS AND STATIONERS

126 WEST FRONT STREET.

Terms

Month	Day	Description
June	14	1/2 Prescription
"	20	"
"	27	"
July	1	"
"	3	1 Pair Crutches
"	10	Prescription
Aug	1	"
"	16	"
"	30	"
Sept	8	"
"	15	"
"	30	"
Oct	5	"



85
85
85
85
25
85
85
50
50
50
00
00
00
\$10.85

Rec'd Payment
Clewell & Currin
11-22-13

Mifflin Township, Columbia County, Pa.

November 17th, 1913.

John C. Hicks

To

Florence Yohe, VanHorn, DR.

Oct. 13, 1913. To nursing Mahlon B. Hicks from Aug. 25,
1913 to October 8th, 1913, also for
domestic services until day following
^{Oct. 13, 1913:}
funeral, 7 weeks @ \$ 2.00 per week \$ 14.00

And now, October 14th 1913, received payment of the above
amount from John C. Hicks, being payment in full.

X Mrs Florence VanHorn



Mr John C. Hicks

Berwick, Pa., Nov. 21" 1913

To J. F. KELCHNER, Jr.
EMBALMER AND FUNERAL DIRECTOR

322 WEST FRONT STREET

BOTH PHONES

1913

Oct. 11	To Burial of Mahlon B. Hicks,	
	hearse	89 00
	Embalming	10 00
	Washing Dressing & Shaving	6 00
	Telephoning	45
	Personal attendance	10 00
	Hearse	10 00
Oct. 21	Per By Lease	50 00
Nov. 13	Per By Lease	15 00
	Balance	60 45
		125 45
		65 00
		60 45

For balance due same amounting to \$60.45 I hold the said John C. Hicks responsible for and look to and expect payment from him,
J. F. Kelchner.



Berwick, Pa., Oct 12 1913

Mr John C. Hicks

TO S. J. MITCHELL, DR.,

Livery, Sale and Exchange Stables

AND PROPRIETOR OF THE

NESCOPECK BUS LINE.

1913. For use at funeral of Mahlon B. Hicks.

Oct 12

Team at funeral
of father

\$ 5.00

Received Pay
S. J. Mitchell



Center Twp., Col. Co., Pa. Nov. 17, 1913.

John C. Hicks

To

Joseph E. Sitler, DR.

LABOR AND MATERIALS FOR BURIAL OF MAHLON B. HICKS.

Oct. 9, 1913.	To vault for grave	\$ 20.00
Oct. 10, 1913.	To digging grave	7.00
		<hr/>
		\$ 27.00

Received from John C. Hicks the sum of \$ 7.00 on the above account, the balance of said account amounting to \$ 20.00, I hold the said John C. Hicks responsible for and look ^{to} ~~for~~ and expect payment from him.

November 17th, 1913. Joseph E. Sitler



McC
REIMBURSEMENT
3-1081
Washington

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

OFFICE OF THE DISBURSING CLERK

DEC 3 - 1913, 191

Certificate No. 972.189.

Class ACT OF MAY 11, 1912

Pensioner Mahlon B. Nickz,

Soldier

Service A. 74 Pa Inf.

The Commissioner of Pensions.

SIR: I have the honor to report that the

above-named pensioner who was last paid

at \$ 24, to Sept. 4, 1913

has this day been dropped from the roll be-

cause of death Oct 8, 1913,
Mifflinville Pa.

Very respectfully,

W. M. M. M. M.
Disbursing Clerk.

Chief, Finance Division

NOTE.—Every name dropped to be thus reported at once, and when cause of dropping is death, state date of death when known.

Plate destroyed - death reported by P. M. - Bureau returned 12/8/13

NHR

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

OFFICE OF THE DISBURSING CLERK

Dec 5, 1913

Certificate No. 972.18.9

Class ACT OF MAY 11, 1912

Pensioner Mahlon B. Hicks

Soldier

Service

The Commissioner of Pensions.

SIR: I have the honor to report that the
above-named pensioner who was last paid
at \$ 24, to Sep 4, 1913

has this day been dropped from the roll be-
cause of death - unknown

Very respectfully,

W. H. Humphreys

Chief, Finance Division

NOTE.—Every name dropped to be thus reported at
once, and when cause of dropping is death, state date
of death when known.

24
Apr. 4 1913

191.

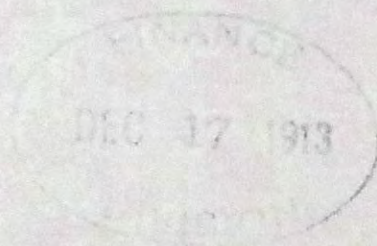
PLATE DESIGN

Misslerville, Pa., with the information that the pensioner died
_____, and said check has this day been canceled.

(D-2) Mifflinville
Pa

(D-2)





cdm

Reim. Sec.
Bd. of Rev.

CYD - WHM

December 6, 1913.

Mr. John L. Hicks,
338 West Front Street,
Berwick, Pennsylvania.

Sir:

In your claim for reimbursement in the case of
Mehlon B. Hicks, certificate No. 972,189, you are re-
quested to have the enclosed certificate signed by
Lizzie Hoagland, and returned to this Bureau to be filed
with the case.

Very respectfully,

Commissioner.

REIMBURSEMENT.

I hereby certify that I hold John C. Hicks
responsible for any claim which I may have for services rendered,
supplies furnished or money expended during the last sickness and
burial of Nathan B. Hicks (deceased), late a
pensioner by certificate number 972 187.

(This need not be sworn to.)

Lizzie Hoagland } sign

Lizzie Hoagland



REIMBURSEMENT
ALLOWED
DEC 20 1913

301272

INVALID

Cert. No. 002100

Name William H. Smith

Rank Pvt; Service 6074 Pa Inf

Original Roll: Washington

Agency: Transf'd 1 to 1 to

Issued Mar 9 1918

Mailed MAR 10 1918

Rate and period, \$ 15, from Dec 9 1917

Deductions: 0

Disability: a

Issued Dec. 6, 1912

Mailed DEC 7 1912

Rate and Period, \$ 20, from May 24 1912

ACT OF MARCH 3, 1918.

Deductions: 0

Disability: 100%

Issue Class Class

Entered June 10. 1913

Issued June 10. 1913

Mailed JUN 11 1913

Rate and period, \$ 24, from Oct. 21, 1912

Deductions: ✓

Disability: OF MAY 11, 1912

Issue Class Class

Entered Dec 10 1912

Issued Dec 10 1912

Mailed DEC 10 1912

Rate and Period, \$ 20, from May 24 1912

Deductions: 0

Disability: 100%

INDORSEMENTS.

PROPPED

DEC 10 1912